UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF MASSACHUSETTS

NEW ENGLAND CARPENTERS HEALTH BENEFITS FUND; PIRELLI ARMSTRONG RETIREE MEDICAL BENEFITS TRUST; TEAMSTERS HEALTH & WELFARE FUND OF PHILADELPHIA AND VICINITY; PHILADELPHIA FEDERATION OF TEACHERS HEALTH AND WELFARE FUND; DISTRICT COUNCIL 37, AFSCME - HEALTH & SECURITY PLAN; JUNE SWAN; BERNARD GORTER; SHELLY CAMPBELL and CONSTANCE JORDAN, Plaintiffs, v. FIRST DATABANK, INC., a Missouri corporation, and McKESSON CORPORATION, a Delaware corporation, Defendants.	Civil Action: 1:05-CV-11148-PBS Judge Patti B. Saris

DECLARATION OF PAUL FLUM

I, Paul Flum, declare as follows:

1. I am a partner in the law firm of Morrison & Foerster and one of the counsel of record for McKesson Corporation in this case. I have been actively involved in and am familiar with the discovery in this case. I am offering this declaration in opposition to plaintiffs' Motion to Compel Production of McKesson's RelayHealth Data.

Plaintiffs Obtained Leave to Amend Based on a Representation that Their New U&C Claims Would Require Only "Limited" Discovery

2. By order dated November 5, 2007, the Court granted plaintiffs' motion for leave to amend the complaint in this action to add a class (Class 3) of uninsured consumers who paid usual and customary ("U&C") prices for the brand name prescription drugs at issue in this case. At that time, fact discovery had already closed. In seeking leave to amend, plaintiffs represented to the Court that the new U&C class would require "only limited discovery," which could "be completed rapidly."

3. On January 2, 2008, the Court entered a Scheduling Order for the new U&C class. The January 2 Scheduling Order permitted the parties to reopen fact discovery "only as to new issues raised by the Usual & Customary Class in the Third Amended Complaint," and established a June 15, 2008 cut-off for such discovery.

Plaintiffs First Requested Claims Data from McKesson in January 2008

4. On January 22, 2008, plaintiffs served a request for production of documents under Rule 34 (the "U&C Requests"). Among other things, the U&C Requests sought "All documents concerning pharmacy U&C prices for brand drugs, including without limitation, the RelayHealth database."

5. RelayHealth is a pharmacy "switch" that McKesson acquired from Per-Se, Inc. The acquisition closed in January 2007. In response to plaintiffs' document request, and after consultation with McKesson, I determined that compliance with plaintiffs' requests for production of the RelayHealth database would require McKesson to produce raw claims data for billions of transactions submitted to RelayHealth over an eight year period.

6. Plaintiffs had not sought production of any form of claims-level transaction data from McKesson or RelayHealth prior to the July 2007 fact discovery cutoff for Classes 1 and 2. Plaintiffs' January 22, 2008 request was the first time that plaintiffs sought production of any data from the RelayHealth database.

Plaintiffs Subpoenaed Claims Data from Third Party Retailers at the Same Time They Were Pursuing Claims Data from McKesson and RelayHealth

7. Between January 30, 2008 and February 13, 2008, plaintiffs served subpoenas on ten national retailers. These subpoenas demanded production of the same transaction-level claims data that plaintiffs had demanded from RelayHealth. Copies of these subpoenas, which were served on K-Mart, Longs Drugs, Safeway, Wal-Mart, Walgreens, SuperValu, Target, Kroger, Rite Aid, and CVS, are attached to this declaration as Exhibit A.

8. Request Numbers 1-3 of these subpoenas sought documents regarding how these retailers set their U&C prices and data showing cash prices charged to uninsured customers. Request Number 4 of these subpoenas sought transaction level data for all insured prescriptions filled by these retailers. I understand that these retailers have objected to plaintiffs' demand for production of insured claims data on various grounds, including burden, confidentiality, and privacy.

9. On February 8, 2008, McKesson filed a motion for a protective order directed to Request No. 4 of plaintiffs' subpoenas, on the grounds that the request for claims data regarding insured reimbursements exceeded the scope of discovery permitted by the January 2 Scheduling Order.

McKesson's Offer to Produce U&C Pricing Data from the RelayHealth Database

10. On February 21, 2008, McKesson served timely responses and objections to plaintiffs' U&C Requests. McKesson objected to Request No. 2, which sought production of the entire RelayHealth database, on the grounds that the request (i) was overbroad and unduly burdensome, (ii) sought information protected by HIPAA and other privacy rights, (iii) exceeded the scope of the Court's January 2 Scheduling Order, and (iv) sought confidential and proprietary information supplied by third parties that was governed by contracts restricting the use and disclosure of the data.

11. McKesson offered to produce mutually agreed upon U&C pricing data from the RelayHealth database, subject to several conditions, including agreement on the fields to be

produced, resolution of objections interposed by the third parties that supplied the data, and agreement to share the cost of data extraction, processing, and certification for HIPAA compliance. A copy of McKesson's response and objections is attached as Exhibit B to this declaration.

12. I thereafter participated in a telephone call with plaintiffs' counsel on March 3, 2008, regarding the U&C Requests. During the call, I reiterated that McKesson considered plaintiffs' request for production of the entire RelayHealth database to be outside the scope of the January 2 Scheduling Order. I also reiterated McKesson's offer to produce mutually agreed upon fields of U&C data (subject to the conditions noted in McKesson's formal written response).

13. In particular, as confirmed by the email exchange following the phone call, we discussed production of fields identifying particular NDCs, pharmacies, date and quantity dispensed, and reported U&C price. I advised plaintiffs that claims data was reported to RelayHealth using industry standard fields promulgated by the NCPDP. I proposed that plaintiffs consult with their expert as to which NCPDP fields related to U&C pricing, and then let us know which fields they believed were relevant to their U&C claims and subject to discovery. A copy of my March 4, 2008 email exchange with plaintiffs' counsel is attached as Exhibit C.

14. We did not discuss the production of insured claims data during the March 3 call, nor did plaintiffs state that they needed insured claims data to evaluate the alleged relationship between U&C prices and AWP.

15. On March 10, 2008, plaintiffs' counsel sent me a follow-up email requesting a list of available NCPDP fields and field definitions. I responded on March 13, transmitting a copy of the NCPDP Data Dictionary, which contains over 100 pages of detailed explanations of each of the data fields reported through the RelayHealth switch. My March 13 email goes on to list six NCPDP fields that McKesson had identified that "will permit calculation of reported U&C prices at the individual prescription level." My email offered to extract and produce these fields,

subject to agreement on the list of NDCs to be included in the data pull and how the costs would be allocated. I closed by asking plaintiffs' counsel to "let me know how you'd like to proceed."

16. A copy of this exchange is attached as Exhibit D to this declaration. A copy of the NCPDP Data Dictionary, which was included with my March 13 email, is attached this declaration as Exhibit E.

McKesson's Efforts to Obtain Retailer Consent to Produce U&C Pricing Data

17. When I initially spoke with plaintiffs' counsel about the production of U&C pricing data from the RelayHealth database on March 3, I understood that RelayHealth's ability to disclose its subscribers' claims data in response to plaintiffs' U&C Request was subject to contractual limitations, which among other things required RelayHealth to give prior notice to the retailers that subscribe to the switch service. While we did not explicitly discuss the need for retailer consent during the meet and confer call, the need for consent was implicit in our conversation, as well as in McKesson's written response, which expressly conditioned production of RelayHealth data on notice to subscribers and resolution of any objections interposed in response.

18. During our March 3 meet and confer discussion, I also mentioned that there was a subset of RelayHealth subscribers whose contracts permitted RelayHealth to use their data without prior notice and consent. Following that discussion, I learned that the data usage permitted under these agreements did not extend to production of transaction level claims data to third parties. Even under these contracts, RelayHealth would need to obtain consent before producing claims data in response to plaintiffs' request.

19. Beginning on March 14, 2008, and continuing for many weeks thereafter, I and others at my firm began contacting counsel for the large retailers whose data was transmitted through the RelayHealth switch to notify them of the U&C Request and to seek their consent to produce their de-identified claims data relating to U&C prices. This was a time-consuming process which was still ongoing when plaintiffs filed their motion to compel.

20. None of the retailers we contacted would consent to wholesale production of their raw claims data, even on a de-identified basis. All the retailers we contacted conditioned their willingness to consent to production of transaction level claims data on identification of the fields to be produced.

21. Plaintiffs' motion to compel states that McKesson "has specifically asked third parties to limit their 'consent' solely to U&C prices and not to include third-party reimbursement rates and AWP-related fields," citing the declaration of Hy-Vee's general counsel, Steve Meyer. A copy of Mr. Meyer's declaration, which plaintiffs apparently drafted but did not submit with their brief, is attached hereto as Exhibit F.

22. Mr. Meyer's declaration does not state that McKesson asked him to limit the scope of Hy-Vee's consent. Rather, Mr. Meyer states that "Hy-Vee gave RelayHealth consent to produce 1) the U&C price, 2) the date of service, NDC, and quantity dispersed [sic] for the associated prescription, and 3) the NABP number and zip code of the dispensing pharmacy," so that Hy-Vee "does not have to go through the undue burden of producing data that RelayHealth already has…." Mr. Meyer's declaration goes on to state that "I have not otherwise intended to authorize RelayHealth to produce Hy-Vee's transactional data."

Plaintiffs Reject McKesson's Offer To Produce U&C Pricing Data

23. By letter dated April 2, 2008, plaintiffs' counsel rejected McKesson' offer to produce de-identified U&C pricing data from the RelayHealth database at the transaction level. Plaintiffs did not identify any additional fields or categories of claims data not noted in my March 13 email that they or their experts had identified as being necessary to their U&C pricing analysis. Instead, plaintiffs demanded production of "all subject fields" for all prescriptions of Lipitor 10 mg tablets for a five year period running from 2001 to 2005. Counsel's letter stated that this large sample was necessary because the NCPDP Data Dictionary we had previously produced was "generic," and their expert needed to analyze the Lipitor claims data to "be in a

position to identify each of the fields necessary to our analysis of the correlation between the subject drugs and AWP." A copy of this letter is attached as Exhibit G to this declaration.

24. On April 8, 2008, I emailed plaintiffs' counsel stating that the "correlation between the subject drugs and AWP" noted in her letter is not a new issue raised by the Usual & Customary Class in the Third Amended Complaint. My April 8 email renewed McKesson's offer to produce U&C pricing data at the transaction level data for the six fields identified in my March 13 email, and attached a sample of that data to permit plaintiffs' expert to confirm that these fields are sufficient to conduct a transactional analysis of reported U&C prices. A copy of this email is attached as Exhibit H to this declaration.

Plaintiffs Filed This Motion Without Identifying Any Additional Data Fields They Are Seeking from RelayHealth

25. Plaintiffs' counsel responded on April 10. Plaintiffs did not identify any additional NCPDP fields that plaintiffs wanted extracted from the RelayHealth database, and instead renewed their demand for production of "all the available fields" for all Lipitor prescriptions dispensed throughout the United States during a five-year period. A copy of this letter is attached as Exhibit I to this declaration.

26. On April 15, 2008, I wrote plaintiffs' counsel to renew McKesson's offer to produce the specific U&C-related fields identified in my March 13 email. As stated in that letter:

> we believe that the fields that we've identified and included in the sample we provided last week are sufficient for you and your expert to calculate U&C prices, as reported to RelayHealth, at the transaction level. I've also given you a list of the NCPDP data fields, along with detailed definitions, that pharmacies use to submit insured claims through the RelayHealth switch. You have not identified any other NCPDP fields that you need to analyze the U&C prices reported to RelayHealth.

A copy of my letter is attached as Exhibit J to this declaration. Plaintiffs have not responded to this letter.

27. By Order dated April 18, 2008, the Court denied McKesson's motion for a protective order with respect to plaintiffs' attempt to subpoena insured claims data directly from retailers.

28. Following the Court's April 18 discovery order, plaintiffs have not moved to enforce Request No. 4 of their retailer subpoenas and have not advised McKesson of the NCPDP codes for any additional data fields they are seeking from RelayHealth. Instead, on April 29, 2008, plaintiffs moved to compel production of the entire RelayHealth database.

McKesson Has Already Produced U&C Pricing Data from the RelayHealth Database

29. As noted, on March 14, 2008, McKesson began soliciting retailer consent to production of the specific fields of de-identified U&C pricing data that we previously offered to produce. As of May 2, 2008, twenty-one of RelayHealth's largest subscribers had consented to production on behalf of themselves and their affiliates of the U&C pricing data identified in my March 13 email.

30. I advised plaintiffs on May 6, 2008, that this data was available and asked counsel to provide a public encryption key so the data could be securely delivered. Plaintiffs provided me with a their public encryption key on May 8. A hard drive containing over 2.8 billion individual transactions and over 117 gigabytes of uncompressed data was sent to plaintiffs' counsel on May 9, for delivery on Saturday, May 10. Copies of my email exchange with plaintiffs' counsel regarding this production and the transmittal letter accompanying the hard drive are attached to this declaration as Exhibits K and L, respectively.

31. On May 12, 2008, I sent an optical disk for delivery to plaintiffs' counsel, containing a sample of data fields for Lipitor 10 mg tablets. The sample represents all fields for all prescriptions for Lipitor 10 mg tablets submitted through RelayHealth by a representative group of retailers during the month of April 2008. The disk contains 1/2 gigabyte of uncompressed data reflecting 1.1 million individual prescriptions. Due to confidentiality requirements, patient, payer, and provider identifying data were blanked out prior to production,

but the fields containing that data are included. A copy of the transmittal letter accompanying this data is attached as Exhibit M to this declaration.

RelayHealth Subscribers Have Advised Us That They Object to Production of the Claims Data Sought by Plaintiffs' Motion

32. Paragraph 8 of the Mahoney Declaration submitted in support of plaintiffs' motion to compel states in relevant part: "The pharmacies Plaintiffs have dealt with have all stated that their data is available through RelayHealth and except in rare instances have declined to produce the data because it is available directly from McKesson."

33. Because none of these pharmacies are identified in Ms. Mahoney's declaration, I emailed Ms. Mahoney on April 30, 2008, asking whether any of the pharmacies referred to in her declaration have consented to production of their claims data, and if so, to provide the name of the person plaintiffs had been dealing with so that we can confirm that RelayHealth is authorized to produce the data sought by plaintiffs' motion. Ms. Mahoney responded by letter dated May 5, 2008. Her letter states in relevant part: "Plaintiffs have not sought the pharmacies' consent to McKesson's production. If consent (as opposed to notification) is even necessary, it is McKesson's obligation to obtain it." Copies of my April 30 email and Ms. Mahoney's response are attached to this declaration as Exhibits N and O, respectively.

34. Following receipt of plaintiffs' motion to compel, I and others in my office contacted the 21 retailers who had consented to production of the specific U&C pricing fields we produced to plaintiffs to advise them of plaintiffs' motion and to ask whether they objected. To date, Walgreens, Target, Albertsons, CVS, Kmart, Wal-Mart, Safeway, Rite Aid, Hannaford, Hy-Vee, Costco, and Giant Eagle have all advised us that they object to production of their data, even with the protective order in place. Some of these objections were oral; others were in writing. Copies of the written objections are attached to this declaration as Exhibit P. Only one retailer, Stop & Shop, has stated that it does not object to the production of claims data sought by plaintiffs' motion, so long as the data is produced as "highly confidential" under the terms of the protective order. The other retailers have not yet responded to our inquiry.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

Executed this 13th day of May 2008, in San Francisco, CA.

/s/ Paul Flum
Paul Flum

Exhibit A
Part 1

United States District Court

NORTHERN DISTRICT OF CALIFORNIA

SUBPOENA IN A CIVIL CASE

New England Carpenter Health Benefits Fund, et al. v. First Databank, Inc. and McKesson Corp.

CASE NUMBER: No. 05-CV-11148-PBS
Pending in USDC District of Massachusetts
Judge Patti B. Saris

TO: Safeway, Inc.
5918 Stoneridge Mall Rd.
Pleasanton, CA 94588-3229

☐ YOU ARE COMMANDED to appear in the United States District Court at the place, date, and time specified below to testify in the above case.

PLACE OF TESTIMONY	COURTROOM / DATE AND TIME

☐ YOU ARE COMMANDED to appear at the place, date, and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION	DATE AND TIME

☒ YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects at the place, date and time specified below (list documents or objects): *See* attached Exhibit A.

PLACE	DATE AND TIME
Hagens Berman Sobol Shapiro, LLP 1301 Fifth Ave., Suite 2900, Seattle, WA 98101	February 13, 2008

☐ YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.

PREMISES	DATE AND TIME

Any organization not a party to this suit that is subpoenaed for the taking of a deposition shall designate one or more officers, directors, or managing agents, or other persons who consent to testify on its behalf, and may set forth, for each person designated, the matters on which the person will testify. Federal Rules of Civil Procedure, 30(b)(6).

ISSUING OFFICER SIGNATURE AND TITLE (INDICATE IF ATTORNEY FOR PLAINTIFF OR DEFENDANT)	DATE
Attorney for Plaintiffs	1-30-08

ISSUING OFFICER'S NAME, ADDRESS AND PHONE NUMBER
Steve W. Berman, Hagens Berman Sobol Shapiro LLP, 1301 Fifth Avenue, Suite 2900, Seattle, WA 98101, (206) 623-7292

(See Rule 45, Federal Rules of Civil Procedure Parts C & D on Reverse)

A 88 (Rev. 11/91) Subpoena in a Civil Case

PROOF OF SERVICE

DATE PLACE

SERVED

SERVED ON (PRINT NAME) MANNER OF SERVICE

SERVED BY (PRINT NAME) TITLE

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Proof of Service is true and correct.

Executed on _____
DATE

SIGNATURE OF SERVER

ADDRESS OF SERVER

Rule 45, Federal Rules of Civil Procedure, Parts C & D:

(c) PROTECTION OF PERSONS SUBJECT TO SUBPOENAS.

(1) A party or an attorney responsible for the issuance and service of a subpoena shall take reasonable steps to avoid imposing undue burden or expense on a person subject to that subpoena. The court on behalf of which the subpoena was issued shall enforce this duty and impose upon the party or attorney in breach of this duty an appropriate sanction, which may include, but is not limited to, lost earnings and a reasonable attorney's fee.

(2)(A) A person commanded to produce and permit inspection and copying of designated books, papers, documents or tangible things, or inspection of premises need not appear in person at the place of production or inspection unless commanded to appear for deposition, hearing or trial.

(B) Subject to paragraph (d)(2) of this rule, a person commanded to produce and permit inspection and copying may, within 14 days after service of the subpoena or before the time specified for compliance if such time is less than 14 days after service, serve upon the party or attorney designated in the subpoena written objection to inspection or copying of any or all of the designated materials or of the premises. If objection is made, the party serving the subpoena shall not be entitled to inspect and copy the materials or inspect the premises except pursuant to an order of the court by which the subpoena was issued. If objection has been made, the party serving the subpoena may, upon notice to the person commanded to produce, move at any time for an order to compel the production. Such an order to compel production shall protect any person who is not a party or an officer of a party from significant expense resulting from the inspection and copying commanded.

(3)(A) On a timely motion, the court by which a subpoena was issued shall quash or modify the subpoena if it

(I) fails to allow reasonable time for compliance;

(ii) requires a person who is not a party to travel to a place more than 100 miles from the place where that person resides, is employed or regularly transacts business in person, except that, subject to the provisions of clause (c)(3)(B)(iii) of this rule, such a person may in order to attend a trial be commanded to travel from any such place within the state in which the trial is held, or

(iii) requires disclosure of privileged or other protected materials and no exception or waiver applies, or

(iv) subjects a person to undue burden.

(B) If a subpoena

(I) requires disclosure of a trade secret or other confidential research, development, or commercial information, or

(ii) requires disclosure of an unretained expert's opinion or information not describing specified events or occurrences in dispute and resulting from the expert's study made not at the request of any party, or

(iii) requires a person who is not a party or an officer of a party to incur substantial expense to travel more than 100 miles to attend trial, the court may, to protect a person subject to or affected by the subpoena, quash or modify the subpoena or, if the party in whose behalf the subpoena is issued shows a substantial need for the testimony or material that cannot be otherwise met without undue hardship and assures that the person to whom the subpoena is addressed will be reasonably compensated, the court may order appearance and production only upon specified conditions.

(d) DUTIES IN RESPONDING TO SUBPOENA.

(1) A person responding to a subpoena to produce documents shall produce them as they are kept in the usual course of business or shall organize and label them to correspond with the categories in the demand.

(2) When information subject to a subpoena is withheld on a claim that it is privileged or subject to protection as trial preparation materials, the claim shall be made expressly and shall be supported by a description of the nature of the documents, communications, or things not produced that is sufficient to enable the demanding party to contest the claim

EXHIBIT A

I DEFINITIONS AND INSTRUCTIONS

1. The following requests for documents refer to the period of January 1, 1998 through the date of production.

2. "You" and "Your" shall refer to Safeway's and any of its subsidiaries, divisions, affiliates, officers, directors, employees or agents, including, but not limited to, attorneys and accountants.

3. "All documents and electronically stored information" means every document and all electronically stored information, in Your "possession or control," including but not limited to, "writings, drawings, graphs, charts, photographs, sound recordings, images, and other data or data compilations stored in any medium, from which information can be obtained – translated, if necessary by the respondent into reasonably useable form," as provided by Fed. R. Civ. P. 34(a). .

4. "Communications," as defined by Massachusetts Local Rule 26.5(c)(1), means the transmittal of information (in the form of facts, ideas, inquiries, or otherwise).

5. "Concerning," as defined by Massachusetts Local Rule 26.5(c)(7), means referring to, describing, evidencing, or constituting.

6. "AWP" means average wholesale price.

7. "Usual and customary" or "U&C" price means the price individuals without health insurance or other coverage pay retail pharmacies to purchase prescription drugs, a price otherwise known in the prescription drug industry as the "retail" or "cash" price.

8. "Institutional payors" means any non-government entity or program that reimburses Providers for drugs or health care services, including but not limited to, Prescription Benefit Managers; health insurance companies, health maintenance organizations, preferred provider organizations, self insurance plans, health plans, unions, and welfare and benefit plans.

9. "Third-party reimbursement" means reimbursement of the pharmacy providers by institutional payors or government entity or program for the delivery of pharmaceuticals to patients.

II RULES OF CONSTRUCTION

1. All/Each – The terms "all" and "each" shall be construed as meaning either all and each as necessary to bring within the scope of the discovery request all responses that might otherwise be construed to be outside its scope.

2. And/Or – The connectives "and" and "or" shall be construed either disjunctively and conjunctively as necessary to bring within the scope of the discovery request all responses that might otherwise be construed to be outside its scope.

3. The use of the singular form of any word shall include the plural and vice versa.

4. The masculine gender includes the feminine.

III INSTRUCTIONS

1. In producing documents and other materials, you must furnish all documents or things in your possession, custody or control, regardless of whether such documents or materials are possessed directly by you or your directors, officers, agents, employees, representatives, subsidiaries, managing agents, affiliates, investigators, or by your attorneys or their agents, employees, representatives or investigators.

2. In producing documents, you must produce the original of each document requested together with all non-identical copies and drafts of that document. If the original of any document cannot be located, a copy shall be provided in lieu thereof, and shall be legible and bound or stapled in the same manner as the original (to the extent this is known).

3. Documents shall be produced as they are kept in the usual course of business or shall be organized and labeled to identify any file number, file name, or any other file identification system utilized by the responding party, as well as the location and custodian of

such records. These requests include Plaintiffs' request to physically inspect any file drawer, filing cabinet or any other storage device where documents responsive to these requests are maintained at the time of the inspection of such documents.

4. Electronically stored data, including databases and/or electronic compilations of data, shall be produced in electronic format.

5. Documents attached to each other should not be separated.

6. If any responsive document was, but is no longer in the possession or subject to your control, state whether it (i) is missing or lost, (ii) has been destroyed, (iii) has been transferred, voluntarily or involuntarily, to others, or (iv) has been otherwise disposed of, and in each instance explain the circumstances surrounding, and state the date or approximate date of, such disposition.

7. In the event that you object to any document request on the grounds of privilege or work product, a statement shall be provided as to each document which includes:

a. the name of the author of the document;

b. the name of the recipient of the document;

c. the names of the persons to whom copies were sent;

d. the job title of every individual named in (a), (b), and (c) above;

e. the date the document was created, sent, and received;

f. the location of the document;

g. the custodian of the document;

h. a brief description of the nature and subject matter of the document; and

i. a statement of the privilege asserted and each and every fact or basis upon which a privilege is claimed or on which the document is otherwise withheld.

8. Notwithstanding the assertion of any objection to production, if a document contains non-objectionable or non-privileged matter, please produce that document, redacting that portion for which the objection is asserted, provided that the identification requested in paragraphs (h) and (i) above are furnished.

IV DOCUMENTS TO BE PRODUCED

1. All documents and electronically stored information concerning Your store policies and/or formulas to generate or determine Your U&C prices for brand drugs.

2. All documents and electronically stored information concerning the relation between Your U&C prices and the AWP; wholesaler list prices and/or Third-party reimbursement amounts for drugs.

3. All documents and electronically stored information concerning your U&C prices for the brand drugs attached in Appendix A, and the corresponding AWP for the time period.

a. data should be provided in electronic format;

b. data should include the following information:

i. date of sale;

ii. drug name;

iii. drug NDC;

iv. number of pills dispensed;

v. pharmacy name and location;

vii. unique pharmacy number (National Council of Prescription Drug Programs (NDPCP) or National Association of Boards of Pharmacy (NABP));

vii. U&C amount charged;

viii. AWP in place for that NDC on that date;

ix. any other reference data used in determining U&C on that date; and

x. any discounts that may have affected the U&C price charged to a given individual (e.g., pharmacy discount cards; sales; etc.).

4. All documents or electronically stored information concerning payments by Institutional Payors for prescriptions for the brand drugs attached in Appendix A sold to individuals with private insurance coverage:

a. data should be provided in electronic format;

b. data should include the following information:

i. date of sale;

ii. drug name;

iii. drug NDC;

iv. number of pills dispensed;

v. pharmacy name and location;

vi. unique pharmacy number (National Council of Prescription Drug Programs (NDPCP) or National Association of Boards of Pharmacy (NABP));

vii. total amount requested and total amount received;

viii. ingredient cost;

ix. dispensing fee received;

x.. coinsurance amount received;

xi. any other amount received or paid (as applicable, for example tax);

xii. AWP in place for that NDC on that date; and

xiii. name of Institutional Payor.

United States District Court

NORTHERN DISTRICT OF ILLINOIS

SUBPOENA IN A CIVIL CASE

New England Carpenter Health Benefits Fund, et al. v. First Databank, Inc. and McKesson Corp.

CASE NUMBER: No. 05-CV-11148-PBS
Pending in USDC District of Massachusetts
Judge Patti B. Saris

TO: Kmart
Sears Holdings Corporation
3333 Beverly Road
Hoffman Estates, IL 60179

☐ YOU ARE COMMANDED to appear in the United States District Court at the place, date, and time specified below to testify in the above case.

PLACE OF TESTIMONY	COURTROOM / DATE AND TIME

☐ YOU ARE COMMANDED to appear at the place, date, and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION	DATE AND TIME

☒ YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects at the place, date and time specified below (list documents or objects): *See* attached Exhibit A.

PLACE	DATE AND TIME
Hagens Berman Sobol Shapiro, LLP 1301 Fifth Ave., Suite 2900, Seattle, WA 98101	February 13, 2008

☐ YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.

PREMISES	DATE AND TIME

Any organization not a party to this suit that is subpoenaed for the taking of a deposition shall designate one or more officers, directors, or managing agents, or other persons who consent to testify on its behalf, and may set forth, for each person designated, the matters on which the person will testify. Federal Rules of Civil Procedure, 30(b)(6).

ISSUING OFFICER SIGNATURE AND TITLE (INDICATE IF ATTORNEY FOR PLAINTIFF OR DEFENDANT)	DATE
Attorney for Plaintiffs	1-30-08

ISSUING OFFICER'S NAME, ADDRESS AND PHONE NUMBER
Steve W. Berman, Hagens Berman Sobol Shapiro LLP, 1301 Fifth Avenue, Suite 2900, Seattle, WA 98101, (206) 623-7292

(See Rule 45, Federal Rules of Civil Procedure Parts C & D on Reverse)

A 88 (Rev. 11/91) Subpoena in a Civil Case

PROOF OF SERVICE

DATE PLACE

SERVED

SERVED ON (PRINT NAME) MANNER OF SERVICE

SERVED BY (PRINT NAME) TITLE

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Proof of Service is true and correct.

Executed on _____
DATE

SIGNATURE OF SERVER

ADDRESS OF SERVER

Rule 45, Federal Rules of Civil Procedure, Parts C & D:

(c) PROTECTION OF PERSONS SUBJECT TO SUBPOENAS.

(1) A party or an attorney responsible for the issuance and service of a subpoena shall take reasonable steps to avoid imposing undue burden or expense on a person subject to that subpoena. The court on behalf of which the subpoena was issued shall enforce this duty and impose upon the party or attorney in breach of this duty an appropriate sanction, which may include, but is not limited to, lost earnings and a reasonable attorney's fee.

(2)(A) A person commanded to produce and permit inspection and copying of designated books, papers, documents or tangible things, or inspection of premises need not appear in person at the place of production or inspection unless commanded to appear for deposition, hearing or trial.

(B) Subject to paragraph (d)(2) of this rule, a person commanded to produce and permit inspection and copying may, within 14 days after service of the subpoena or before the time specified for compliance if such time is less than 14 days after service, serve upon the party or attorney designated in the subpoena written objection to inspection or copying of any or all of the designated materials or of the premises. If objection is made, the party serving the subpoena shall not be entitled to inspect and copy the materials or inspect the premises except pursuant to an order of the court by which the subpoena was issued. If objection has been made, the party serving the subpoena may, upon notice to the person commanded to produce, move at any time for an order to compel the production. Such an order to compel production shall protect any person who is not a party or an officer of a party from significant expense resulting from the inspection and copying commanded.

(3)(A) On a timely motion, the court by which a subpoena was issued shall quash or modify the subpoena if it

(I) fails to allow reasonable time for compliance;

(ii) requires a person who is not a party to travel to a place more than 100 miles from the place where that person resides, is employed or regularly transacts business in person, except that, subject to the provisions of clause (c)(3)(B)(iii) of this rule, such a person may in order to attend a trial be commanded to travel from any such place within the state in which the trial is held, or

(iii) requires disclosure of privileged or other protected materials and no exception or waiver applies, or

(iv) subjects a person to undue burden.

(B) If a subpoena

(I) requires disclosure of a trade secret or other confidential research, development, or commercial information, or

(ii) requires disclosure of an unretained expert's opinion or information not describing specified events or occurrences in dispute and resulting from the expert's study made not at the request of any party, or

(iii) requires a person who is not a party or an officer of a party to incur substantial expense to travel more than 100 miles to attend trial, the court may, to protect a person subject to or affected by the subpoena, quash or modify the subpoena or, if the party in whose behalf the subpoena is issued shows a substantial need for the testimony or material that cannot be otherwise met without undue hardship and assures that the person to whom the subpoena is addressed will be reasonably compensated, the court may order appearance and production only upon specified conditions.

(d) DUTIES IN RESPONDING TO SUBPOENA.

(1) A person responding to a subpoena to produce documents shall produce them as they are kept in the usual course of business or shall organize and label them to correspond with the categories in the demand.

(2) When information subject to a subpoena is withheld on a claim that it is privileged or subject to protection as trial preparation materials, the claim shall be made expressly and shall be supported by a description of the nature of the documents, communications, or things not produced that is sufficient to enable the demanding party to contest the claim

EXHIBIT A

I DEFINITIONS AND INSTRUCTIONS

1. The following requests for documents refer to the period of January 1, 1998 through the date of production.

2. "You" and "Your" shall refer to Kmart's and any of its subsidiaries, divisions, affiliates, officers, directors, employees or agents, including, but not limited to, attorneys and accountants.

3. "All documents and electronically stored information" means every document and all electronically stored information, in Your "possession or control," including but not limited to, "writings, drawings, graphs, charts, photographs, sound recordings, images, and other data or data compilations stored in any medium, from which information can be obtained – translated, if necessary by the respondent into reasonably useable form," as provided by Fed. R. Civ. P. 34(a). .

4. "Communications," as defined by Massachusetts Local Rule 26.5(c)(1), means the transmittal of information (in the form of facts, ideas, inquiries, or otherwise).

5. "Concerning," as defined by Massachusetts Local Rule 26.5(c)(7), means referring to, describing, evidencing, or constituting.

6. "AWP" means average wholesale price.

7. "Usual and customary" or "U&C" price means the price individuals without health insurance or other coverage pay retail pharmacies to purchase prescription drugs, a price otherwise known in the prescription drug industry as the "retail" or "cash" price.

8. "Institutional payors" means any non-government entity or program that reimburses Providers for drugs or health care services, including but not limited to, Prescription Benefit Managers; health insurance companies, health maintenance organizations, preferred provider organizations, self insurance plans, health plans, unions, and welfare and benefit plans.

9. "Third-party reimbursement" means reimbursement of the pharmacy providers by institutional payors or government entity or program for the delivery of pharmaceuticals to patients.

II RULES OF CONSTRUCTION

1. All/Each – The terms "all" and "each" shall be construed as meaning either all and each as necessary to bring within the scope of the discovery request all responses that might otherwise be construed to be outside its scope.

2. And/Or – The connectives "and" and "or" shall be construed either disjunctively and conjunctively as necessary to bring within the scope of the discovery request all responses that might otherwise be construed to be outside its scope.

3. The use of the singular form of any word shall include the plural and vice versa.

4. The masculine gender includes the feminine.

III INSTRUCTIONS

1. In producing documents and other materials, you must furnish all documents or things in your possession, custody or control, regardless of whether such documents or materials are possessed directly by you or your directors, officers, agents, employees, representatives, subsidiaries, managing agents, affiliates, investigators, or by your attorneys or their agents, employees, representatives or investigators.

2. In producing documents, you must produce the original of each document requested together with all non-identical copies and drafts of that document. If the original of any document cannot be located, a copy shall be provided in lieu thereof, and shall be legible and bound or stapled in the same manner as the original (to the extent this is known).

3. Documents shall be produced as they are kept in the usual course of business or shall be organized and labeled to identify any file number, file name, or any other file identification system utilized by the responding party, as well as the location and custodian of such records. These requests include Plaintiffs' request to physically inspect any file drawer,

filing cabinet or any other storage device where documents responsive to these requests are maintained at the time of the inspection of such documents.

4. Electronically stored data, including databases and/or electronic compilations of data, shall be produced in electronic format.

5. Documents attached to each other should not be separated.

6. If any responsive document was, but is no longer in the possession or subject to your control, state whether it (i) is missing or lost, (ii) has been destroyed, (iii) has been transferred, voluntarily or involuntarily, to others, or (iv) has been otherwise disposed of, and in each instance explain the circumstances surrounding, and state the date or approximate date of, such disposition.

7. In the event that you object to any document request on the grounds of privilege or work product, a statement shall be provided as to each document which includes:

a. the name of the author of the document;

b. the name of the recipient of the document;

c. the names of the persons to whom copies were sent;

d. the job title of every individual named in (a), (b), and (c) above;

e. the date the document was created, sent, and received;

f. the location of the document;

g. the custodian of the document;

h. a brief description of the nature and subject matter of the document; and

i. a statement of the privilege asserted and each and every fact or basis upon which a privilege is claimed or on which the document is otherwise withheld.

8. Notwithstanding the assertion of any objection to production, if a document contains non-objectionable or non-privileged matter, please produce that document, redacting

that portion for which the objection is asserted, provided that the identification requested in paragraphs (h) and (i) above are furnished.

IV DOCUMENTS TO BE PRODUCED

1. All documents and electronically stored information concerning Your store policies and/or formulas to generate or determine Your U&C prices for brand drugs.

2. All documents and electronically stored information concerning the relation between Your U&C prices and the AWP; wholesaler list prices and/or Third-party reimbursement amounts for drugs.

3. All documents and electronically stored information concerning your U&C prices for the brand drugs attached in Appendix A, and the corresponding AWP for the time period.

a. data should be provided in electronic format;

b. data should include the following information:

i. date of sale;

ii. drug name;

iii. drug NDC;

iv. number of pills dispensed;

v. pharmacy name and location;

vii. unique pharmacy number (National Council of Prescription Drug Programs (NDPCP) or National Association of Boards of Pharmacy (NABP));

vii. U&C amount charged;

viii. AWP in place for that NDC on that date;

ix. any other reference data used in determining U&C on that date; and

x. any discounts that may have affected the U&C price charged to a given individual (e.g., pharmacy discount cards; sales; etc.).

4. All documents or electronically stored information concerning payments by Institutional Payors for prescriptions for the brand drugs attached in Appendix A sold to individuals with private insurance coverage:

a. data should be provided in electronic format;

b. data should include the following information:

i. date of sale;

ii. drug name;

iii. drug NDC;

iv. number of pills dispensed;

v. pharmacy name and location;

vi. unique pharmacy number (National Council of Prescription Drug Programs (NDPCP) or National Association of Boards of Pharmacy (NABP));

vii. total amount requested and total amount received;

viii. ingredient cost;

ix. dispensing fee received;

x.. coinsurance amount received;

xi. any other amount received or paid (as applicable, for example tax);

xii. AWP in place for that NDC on that date; and

xiii. name of Institutional Payor.

United States District Court

NORTHERN DISTRICT OF CALIFORNIA

SUBPOENA IN A CIVIL CASE

New England Carpenter Health Benefits Fund, et al. v. First Databank, Inc. and McKesson Corp.

CASE NUMBER: No. 05-CV-11148-PBS
Pending in USDC District of Massachusetts
Judge Patti B. Saris

TO: Longs Drugs
141 N. Civic Drive
Walnut Creek, CA 94596

☐ YOU ARE COMMANDED to appear in the United States District Court at the place, date, and time specified below to testify in the above case.

PLACE OF TESTIMONY	COURTROOM / DATE AND TIME

☐ YOU ARE COMMANDED to appear at the place, date, and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION	DATE AND TIME

☒ YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects at the place, date and time specified below (list documents or objects): *See* attached Exhibit A.

PLACE	DATE AND TIME
Hagens Berman Sobol Shapiro, LLP 1301 Fifth Ave., Suite 2900, Seattle, WA 98101	February 13, 2008

☐ YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.

PREMISES	DATE AND TIME

Any organization not a party to this suit that is subpoenaed for the taking of a deposition shall designate one or more officers, directors, or managing agents, or other persons who consent to testify on its behalf, and may set forth, for each person designated, the matters on which the person will testify. Federal Rules of Civil Procedure, 30(b)(6).

ISSUING OFFICER SIGNATURE AND TITLE (INDICATE IF ATTORNEY FOR PLAINTIFF OR DEFENDANT)	DATE
Attorney for Plaintiffs	1-30-08

ISSUING OFFICER'S NAME, ADDRESS AND PHONE NUMBER
Steve W. Berman, Hagens Berman Sobol Shapiro LLP, 1301 Fifth Avenue, Suite 2900, Seattle, WA 98101, (206) 623-7292

(See Rule 45. Federal Rules of Civil Procedure Parts C & D on Reverse)

A 88 (Rev. 11/91) Subpoena in a Civil Case

PROOF OF SERVICE

DATE PLACE

SERVED

SERVED ON (PRINT NAME) MANNER OF SERVICE

_____SERVED BY (PRINT NAME) TITLE

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Proof of Service is true and correct.

Executed on _____
DATE

SIGNATURE OF SERVER

ADDRESS OF SERVER

Rule 45, Federal Rules of Civil Procedure, Parts C & D:

(c) PROTECTION OF PERSONS SUBJECT TO SUBPOENAS.

(1) A party or an attorney responsible for the issuance and service of a subpoena shall take reasonable steps to avoid imposing undue burden or expense on a person subject to that subpoena. The court on behalf of which the subpoena was issued shall enforce this duty and impose upon the party or attorney in breach of this duty an appropriate sanction, which may include, but is not limited to, lost earnings and a reasonable attorney's fee.

(2)(A) A person commanded to produce and permit inspection and copying of designated books, papers, documents or tangible things, or inspection of premises need not appear in person at the place of production or inspection unless commanded to appear for deposition, hearing or trial.

(B) Subject to paragraph (d)(2) of this rule, a person commanded to produce and permit inspection and copying may, within 14 days after service of the subpoena or before the time specified for compliance if such time is less than 14 days after service, serve upon the party or attorney designated in the subpoena written objection to inspection or copying of any or all of the designated materials or of the premises. If objection is made, the party serving the subpoena shall not be entitled to inspect and copy the materials or inspect the premises except pursuant to an order of the court by which the subpoena was issued. If objection has been made, the party serving the subpoena may, upon notice to the person commanded to produce, move at any time for an order to compel the production. Such an order to compel production shall protect any person who is not a party or an officer of a party from significant expense resulting from the inspection and copying commanded.

(3)(A) On a timely motion, the court by which a subpoena was issued shall quash or modify the subpoena if it

(I) fails to allow reasonable time for compliance;

(ii) requires a person who is not a party to travel to a place more than 100 miles from the place where that person resides, is employed or regularly transacts business in person, except that, subject to the provisions of clause (c)(3)(B)(iii) of this rule, such a person may in order to attend a trial be commanded to travel from any such place within the state in which the trial is held, or

(iii) requires disclosure of privileged or other protected materials and no exception or waiver applies, or

(iv) subjects a person to undue burden.

(B) If a subpoena

(I) requires disclosure of a trade secret or other confidential research, development, or commercial information, or

(ii) requires disclosure of an unretained expert's opinion or information not describing specified events or occurrences in dispute and resulting from the expert's study made not at the request of any party, or

(iii) requires a person who is not a party or an officer of a party to incur substantial expense to travel more than 100 miles to attend trial, the court may, to protect a person subject to or affected by the subpoena, quash or modify the subpoena or, if the party in whose behalf the subpoena is issued shows a substantial need for the testimony or material that cannot be otherwise met without undue hardship and assures that the person to whom the subpoena is addressed will be reasonably compensated, the court may order appearance and production only upon specified conditions.

(d) DUTIES IN RESPONDING TO SUBPOENA.

(1) A person responding to a subpoena to produce documents shall produce them as they are kept in the usual course of business or shall organize and label them to correspond with the categories in the demand.

(2) When information subject to a subpoena is withheld on a claim that it is privileged or subject to protection as trial preparation materials, the claim shall be made expressly and shall be supported by a description of the nature of the documents, communications, or things not produced that is sufficient to enable the demanding party to contest the claim

EXHIBIT A

EXHIBIT A

I DEFINITIONS AND INSTRUCTIONS

1. The following requests for documents refer to the period of January 1, 1998 through the date of production.

2. "You" and "Your" shall refer to Longs Drug's and any of its subsidiaries, divisions, affiliates, officers, directors, employees or agents, including, but not limited to, attorneys and accountants.

3. "All documents and electronically stored information" means every document and all electronically stored information, in Your "possession or control," including but not limited to, "writings, drawings, graphs, charts, photographs, sound recordings, images, and other data or data compilations stored in any medium, from which information can be obtained – translated, if necessary by the respondent into reasonably useable form," as provided by Fed. R. Civ. P. 34(a). .

4. "Communications," as defined by Massachusetts Local Rule 26.5(c)(1), means the transmittal of information (in the form of facts, ideas, inquiries, or otherwise).

5. "Concerning," as defined by Massachusetts Local Rule 26.5(c)(7), means referring to, describing, evidencing, or constituting.

6. "AWP" means average wholesale price.

7. "Usual and customary" or "U&C" price means the price individuals without health insurance or other coverage pay retail pharmacies to purchase prescription drugs, a price otherwise known in the prescription drug industry as the "retail" or "cash" price.

8. "Institutional payors" means any non-government entity or program that reimburses Providers for drugs or health care services, including but not limited to, Prescription

Benefit Managers; health insurance companies, health maintenance organizations, preferred provider organizations, self insurance plans, health plans, unions, and welfare and benefit plans.

9. "Third-party reimbursement" means reimbursement of the pharmacy providers by institutional payors or government entity or program for the delivery of pharmaceuticals to patients.

II RULES OF CONSTRUCTION

1. All/Each – The terms "all" and "each" shall be construed as meaning either all and each as necessary to bring within the scope of the discovery request all responses that might otherwise be construed to be outside its scope.

2. And/Or – The connectives "and" and "or" shall be construed either disjunctively and conjunctively as necessary to bring within the scope of the discovery request all responses that might otherwise be construed to be outside its scope.

3. The use of the singular form of any word shall include the plural and vice versa.

4. The masculine gender includes the feminine.

III INSTRUCTIONS

1. In producing documents and other materials, you must furnish all documents or things in your possession, custody or control, regardless of whether such documents or materials are possessed directly by you or your directors, officers, agents, employees, representatives, subsidiaries, managing agents, affiliates, investigators, or by your attorneys or their agents, employees, representatives or investigators.

2. In producing documents, you must produce the original of each document requested together with all non-identical copies and drafts of that document. If the original of any document cannot be located, a copy shall be provided in lieu thereof, and shall be legible and bound or stapled in the same manner as the original (to the extent this is known).

3. Documents shall be produced as they are kept in the usual course of business or shall be organized and labeled to identify any file number, file name, or any other file identification system utilized by the responding party, as well as the location and custodian of such records. These requests include Plaintiffs' request to physically inspect any file drawer, filing cabinet or any other storage device where documents responsive to these requests are maintained at the time of the inspection of such documents.

4. Electronically stored data, including databases and/or electronic compilations of data, shall be produced in electronic format.

5. Documents attached to each other should not be separated.

6. If any responsive document was, but is no longer in the possession or subject to your control, state whether it (i) is missing or lost, (ii) has been destroyed, (iii) has been transferred, voluntarily or involuntarily, to others, or (iv) has been otherwise disposed of, and in each instance explain the circumstances surrounding, and state the date or approximate date of, such disposition.

7. In the event that you object to any document request on the grounds of privilege or work product, a statement shall be provided as to each document which includes:

a. the name of the author of the document;

b. the name of the recipient of the document;

c. the names of the persons to whom copies were sent;

d. the job title of every individual named in (a), (b), and (c) above;

e. the date the document was created, sent, and received;

f. the location of the document;

g. the custodian of the document;

h. a brief description of the nature and subject matter of the document; and

i. a statement of the privilege asserted and each and every fact or basis upon which a privilege is claimed or on which the document is otherwise withheld.

8. Notwithstanding the assertion of any objection to production, if a document contains non-objectionable or non-privileged matter, please produce that document, redacting that portion for which the objection is asserted, provided that the identification requested in paragraphs (h) and (i) above are furnished.

IV DOCUMENTS TO BE PRODUCED

1. All documents and electronically stored information concerning Your store policies and/or formulas to generate or determine Your U&C prices for brand drugs.

2. All documents and electronically stored information concerning the relation between Your U&C prices and the AWP; wholesaler list prices and/or Third-party reimbursement amounts for drugs.

3. All documents and electronically stored information concerning your U&C prices for the brand drugs attached in Appendix A, and the corresponding AWP for the time period.

a. data should be provided in electronic format;

b. data should include the following information:

i. date of sale;

ii. drug name;

iii. drug NDC;

iv. number of pills dispensed;

v. pharmacy name and location;

vii. unique pharmacy number (National Council of Prescription Drug Programs (NDPCP) or National Association of Boards of Pharmacy (NABP));

vii. U&C amount charged;

viii. AWP in place for that NDC on that date;

ix. any other reference data used in determining U&C on that date; and

x. any discounts that may have affected the U&C price charged to a given individual (e.g., pharmacy discount cards; sales; etc.).

4. All documents or electronically stored information concerning payments by Institutional Payors for prescriptions for the brand drugs attached in Appendix A sold to individuals with private insurance coverage:

a. data should be provided in electronic format;

b. data should include the following information:

i. date of sale;

ii. drug name;

iii. drug NDC;

iv. number of pills dispensed;

v. pharmacy name and location;

vi. unique pharmacy number (National Council of Prescription Drug Programs (NDPCP) or National Association of Boards of Pharmacy (NABP));

vii. total amount requested and total amount received;

viii. ingredient cost;

ix. dispensing fee received;

x.. coinsurance amount received;

xi. any other amount received or paid (as applicable, for example tax);

xii. AWP in place for that NDC on that date; and

xiii. name of Institutional Payor.

AO88 (Rev. 12/06) Subpoena in a Civil Case

Issued by the

UNITED STATES DISTRICT COURT

WESTERN DISTRICT OF ARKANSAS

NEW ENGLAND CARPENTERS HEALTH BENEFITS FUND, et al.

v.

FIRST DATABANK, et al.

SUBPOENA IN A CIVIL CASE

Case Number:[1] 05-cv-11148
Pending in the USDC District of Massachusetts
Judge Patti B. Saris

TO: Wal-Mart Stores, Inc.
702 SW 8th Street
Bentonville, AR 72716

☐ YOU ARE COMMANDED to appear in the United States District court at the place, date, and time specified below to testify in the above case.

PLACE OF TESTIMONY	COURTROOM
	DATE AND TIME

☐ YOU ARE COMMANDED to appear at the place, date, and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION	DATE AND TIME

☒ YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects at the place, date, and time specified below (list documents or objects):

See Rider attached as Exhibit A.

PLACE	DATE AND TIME
PostNet Bentonville 1401 S. Walton Boulevard, Suite 9, Bentonville, AR 72712	February 14, 2008

☐ YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.

PREMISES	DATE AND TIME

Any organization not a party to this suit that is subpoenaed for the taking of a deposition shall designate one or more officers, directors, or managing agents, or other persons who consent to testify on its behalf, and may set forth, for each person designated, the matters on which the person will testify. Federal Rules of Civil Procedure, 30(b)(6).

ISSUING OFFICER'S SIGNATURE AND TITLE (INDICATE IF ATTORNEY FOR PLAINTIFF OR DEFENDANT)	DATE
Jennifer F. Connolly Attorney for Plaintiffs	January 31, 2008

ISSUING OFFICER'S NAME, ADDRESS AND PHONE NUMBER
Jennifer Fountain Connolly, Wexler Toriseva Wallace LLP, 55 W. Monroe Street, Suite 3300, Chicago, IL 60603, (312) 346-2222

(See Rule 45, Federal Rules of Civil Procedure, Subdivisions (c), (d), and (e), on next page)

[1] If action is pending in district other than district of issuance, state district under case number.

PROOF OF SERVICE

DATE PLACE

SERVED

SERVED ON (PRINT NAME) MANNER OF SERVICE

SERVED BY (PRINT NAME) TITLE

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Proof of Service is true and correct.

Executed on _____
DATE

_____
SIGNATURE OF SERVER

_____
ADDRESS OF SERVER

Rule 45, Federal Rules of Civil Procedure, Subdivisions (c), (d), and (e), as amended on December 1, 2006:

(c) PROTECTION OF PERSONS SUBJECT TO SUBPOENAS.

(1) A party or an attorney responsible for the issuance and service of a subpoena shall take reasonable steps to avoid imposing undue burden or expense on a person subject to that subpoena. The court on behalf of which the subpoena was issued shall enforce this duty and impose upon the party or attorney in breach of this duty an appropriate sanction, which may include, but is not limited to, lost earnings and a reasonable attorney's fee.

(2) (A) A person commanded to produce and permit inspection, copying, testing, or sampling of designated electronically stored information, books, papers, documents or tangible things, or inspection of premises need not appear in person at the place of production or inspection unless commanded to appear for deposition, hearing or trial.

(B) Subject to paragraph (d)(2) of this rule, a person commanded to produce and permit inspection, copying, testing, or sampling may, within 14 days after service of the subpoena or before the time specified for compliance if such time is less than 14 days after service, serve upon the party or attorney designated in the subpoena written objection to producing any or all of the designated materials or inspection of the premises — or to producing electronically stored information in the form or forms requested. If objection is made, the party serving the subpoena shall not be entitled to inspect, copy, test, or sample the materials or inspect the premises except pursuant to an order of the court by which the subpoena was issued. If objection has been made, the party serving the subpoena may, upon notice to the person commanded to produce, move at any time for an order to compel the production, inspection, copying, testing, or sampling. Such an order to compel shall protect any person who is not a party or an officer of a party from significant expense resulting from the inspection, copying, testing, or sampling commanded.

(3) (A) On timely motion, the court by which a subpoena was issued shall quash or modify the subpoena if it

(i) fails to allow reasonable time for compliance;

(ii) requires a person who is not a party or an officer of a party to travel to a place more than 100 miles from the place where that person resides, is employed or regularly transacts business in person, except that, subject to the provisions of clause (c)(3)(B)(iii) of this rule, such a person may in order to attend trial be commanded to travel from any such place within the state in which the trial is held;

(iii) requires disclosure of privileged or other protected matter and no exception or waiver applies; or

(iv) subjects a person to undue burden.

(B) If a subpoena

(i) requires disclosure of a trade secret or other confidential research, development, or commercial information, or

(ii) requires disclosure of an unretained expert's opinion or information not describing specific events or occurrences in dispute and resulting from the expert's study made not at the request of any party, or

(iii) requires a person who is not a party or an officer of a party to incur substantial expense to travel more than 100 miles to attend trial, the court may, to protect a person subject to or affected by the subpoena, quash or modify the subpoena or, if the party in whose behalf the subpoena is issued shows a substantial need for the testimony or material that cannot be otherwise met without undue hardship and assures that the person to whom the subpoena is addressed will be reasonably compensated, the court may order appearance or production only upon specified conditions.

(d) DUTIES IN RESPONDING TO SUBPOENA.

(1) (A) A person responding to a subpoena to produce documents shall produce them as they are kept in the usual course of business or shall organize and label them to correspond with the categories in the demand.

(B) If a subpoena does not specify the form or forms for producing electronically stored information, a person responding to a subpoena must produce the information in a form or forms in which the person ordinarily maintains it or in a form or forms that are reasonably usable.

(C) A person responding to a subpoena need not produce the same electronically stored information in more than one form.

(D) A person responding to a subpoena need not provide discovery of electronically stored information from sources that the person identifies as not reasonably accessible because of undue burden or cost. On motion to compel discovery or to quash, the person from whom discovery is sought must show that the information sought is not reasonably accessible because of undue burden or cost. If that showing is made, the court may nonetheless order discovery from such sources if the requesting party shows good cause, considering the limitations of Rule 26(b)(2)(C). The court may specify conditions for the discovery.

(2) (A) When information subject to a subpoena is withheld on a claim that it is privileged or subject to protection as trial-preparation materials, the claim shall be made expressly and shall be supported by a description of the nature of the documents, communications, or things not produced that is sufficient to enable the demanding party to contest the claim.

(B) If information is produced in response to a subpoena that is subject to a claim of privilege or of protection as trial-preparation material, the person making the claim may notify any party that received the information of the claim and the basis for it. After being notified, a party must promptly return, sequester, or destroy the specified information and any copies it has and may not use or disclose the information until the claim is resolved. A receiving party may promptly present the information to the court under seal for a determination of the claim. If the receiving party disclosed the information before being notified, it must take reasonable steps to retrieve it. The person who produced the information must preserve the information until the claim is resolved.

(e) CONTEMPT. Failure of any person without adequate excuse to obey a subpoena served upon that person may be deemed a contempt of the court from which the subpoena issued. An adequate cause for failure to obey exists when a subpoena purports to require a nonparty to attend or produce at a place not within the limits provided by clause (ii) of subparagraph (c)(3)(A).

EXHIBIT A

I. DEFINITIONS AND INSTRUCTIONS

1. The following requests for documents refer to the period of January 1, 1998 through the date of production.

2. "You" and "Your" shall refer to Wal-Mart Stores, Inc. and any of its subsidiaries, divisions, affiliates, officers, directors, employees or agents, including, but not limited to, attorneys and accountants.

3. "All documents and electronically stored information" means every document and all electronically stored information, in Your "possession or control," including but not limited to "writings, drawings, graphs, charts, photographs, sound recordings, images, and other data or data compilations stored in any medium, from which information can be obtained – translated, if necessary by the respondent into reasonably useable form," as provided by Fed. R. Civ. P. 34(a).

4. "Communications," as defined by Massachusetts Local Rule 26.5(c)(1), means the transmittal of information (in the form of facts, ideas, inquiries, or otherwise).

5. "Concerning," as defined by Massachusetts Local Rule 26.5(c)(7), means referring to, describing, evidencing, or constituting.

6. "AWP" means average wholesale price.

7. "Usual and customary" or "U&C" price means the price individuals without health insurance or other coverage pay retail pharmacies to purchase prescription drugs, a price otherwise known in the prescription drug industry as the "retail" or "cash" price.

8. "Institutional payors" means any non-government entity or program that reimburses Providers for drugs or health care services, including but not limited to, Prescription

Benefit Managers; health insurance companies, health maintenance organizations, preferred provider organizations, self insurance plans, health plans, unions, and welfare and benefit plans.

9. "Third party reimbursement" means reimbursement of the pharmacy providers by institutional payors or government entity or program for the delivery of pharmaceuticals to patients.

II. RULES OF CONSTRUCTION

1. All/Each – The terms "all" and "each" shall be construed as meaning either all or each as necessary to bring within the scope of the discovery request all responses that might otherwise be construed to be outside its scope.

2. And/Or – The connectives "and" and "or" shall be construed either disjunctively or conjunctively as necessary to bring within the scope of the discovery request all responses that might otherwise be construed to be outside its scope.

3. The use of the singular form of any word shall include the plural and vice versa.

4. The masculine gender includes the feminine.

III. INSTRUCTIONS

1. In producing documents and other materials, you must furnish all documents or things in your possession, custody or control, regardless of whether such documents or materials are possessed directly by you or your directors, officers, agents, employees, representatives, subsidiaries, managing agents, affiliates, investigators, or by your attorneys or their agents, employees, representatives or investigators.

2. In producing documents, you must produce the original of each document requested together with all non-identical copies and drafts of that document. If the original of any document cannot be located, a copy shall be provided in lieu thereof, and shall be legible and bound or stapled in the same manner as the original (to the extent this is known).

3. Documents shall be produced as they are kept in the usual course of business or shall be organized and labeled to identify any file number, file name, or any other file identification system utilized by the responding party, as well as the location and custodian of such records. These requests include Plaintiffs' request to physically inspect any file drawer, filing cabinet or any other storage device where documents responsive to these requests are maintained at the time of the inspection of such documents.

4. Electronically stored data, including databases and/or electronic compilations of data, shall be produced in electronic format.

5. Documents attached to each other should not be separated.

6. If any responsive document was, but is no longer in the possession or subject to your control, state whether it (i) is missing or lost, (ii) has been destroyed, (iii) has been transferred, voluntarily or involuntarily, to others, or (iv) has been otherwise disposed of, and in each instance explain the circumstances surrounding, and state the date or approximate date of, such disposition.

7. In the event that you object to any document request on the grounds of privilege or work product, a statement shall be provided as to each document which includes:

a. the name of the author of the document;

b. the name of the recipient of the document;

c. the names of the persons to whom copies were sent;

d. the job title of every individual named in (a), (b), and (c) above;

e. the date the document was created, sent, and received;

f. the location of the document;

g. the custodian of the document;

h. a brief description of the nature and subject matter of the document; and

i. a statement of the privilege asserted and each and every fact or basis upon which a privilege is claimed or on which the document is otherwise withheld.

8. Notwithstanding the assertion of any objection to production, if a document contains non-objectionable or non-privileged matter, please produce that document, redacting that portion for which the objection is asserted, provided that the identification requested in paragraphs (h) and (i) above are furnished.

IV. DOCUMENTS TO BE PRODUCED

1. All documents and electronically stored information concerning Your store policies and/or formulas to generate or determine Your U&C prices for brand drugs.

2. All documents and electronically stored information concerning the relationship between Your U&C prices and the AWP; wholesaler list prices and/or third party reimbursement amounts for drugs.

3. All documents and electronically stored information concerning your U&C prices for the brand drugs attached in Appendix A, and the corresponding AWP for the time period.

a. data should be provided in electronic format

b. data should include the following information

i. date of sale;

ii. drug name;

iii. drug NDC;

iv. number of pills dispensed;

v. pharmacy name and location;

vi. unique pharmacy number (National Council of Prescription Drug Programs (NDPCP) or National Association of Boards of Pharmacy (NABP));

vii. U&C amount charged;

viii. AWP in place for that NDC on that date;

ix. any other reference data used in determining U&C on that date; and

x. any discounts that may have affected the U&C price charged to a given individual (e.g., pharmacy discount cards; sales; etc.).

4. All documents or electronically stored information concerning payments by Institutional Payors for prescriptions for the brand drugs attached in Appendix A sold to individuals with private insurance coverage:

a. data should be provided in electronic format

b. data should include the following information

i. date of sale;

ii. drug name;

iii. drug NDC;

iv. number of pills dispensed;

v. pharmacy name and location;

vi. unique pharmacy number (National Council of Prescription Drug Programs (NDPCP) or National Association of Boards of Pharmacy (NABP));

vii. total amount requested and total amount received;

viii. ingredient cost;

ix. dispensing fee received;

x. coinsurance amount received;

xi. any other amount received or paid (as applicable, for example tax);

xii. AWP in place for that NDC on that date; and

xiii. name of Institutional Payor.

AO88 (Rev. 12/06) Subpoena in a Civil Case

Issued by the

UNITED STATES DISTRICT COURT

DISTRICT OF MINNESOTA

NEW ENGLAND CARPENTERS HEALTH BENEFITS FUND, et al.

v.

FIRST DATABANK, et al.

SUBPOENA IN A CIVIL CASE

Case Number:[1] 05-cv-11148
Pending in the USDC District of Massachusetts
Judge Patti B. Saris

TO: Supervalu
11840 Valley View Road
Eden Prairie, MN 55344

☐ YOU ARE COMMANDED to appear in the United States District court at the place, date, and time specified below to testify in the above case.

PLACE OF TESTIMONY	COURTROOM
	DATE AND TIME

☐ YOU ARE COMMANDED to appear at the place, date, and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION	DATE AND TIME

☒ YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects at the place, date, and time specified below (list documents or objects):

See Rider attached as Exhibit A.

PLACE	DATE AND TIME
Renae D. Steiner, Gustafson Gluek PLLC 650 Northstar East, 608 Second Avenue S., Minneapolis, MN 55402	February 14, 2008

☐ YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.

PREMISES	DATE AND TIME

Any organization not a party to this suit that is subpoenaed for the taking of a deposition shall designate one or more officers, directors, or managing agents, or other persons who consent to testify on its behalf, and may set forth, for each person designated, the matters on which the person will testify. Federal Rules of Civil Procedure, 30(b)(6).

ISSUING OFFICER'S SIGNATURE AND TITLE (INDICATE IF ATTORNEY FOR PLAINTIFF OR DEFENDANT)	DATE
Jennifer F. Connolly Attorney for Plaintiffs	January 31, 2008

ISSUING OFFICER'S NAME, ADDRESS AND PHONE NUMBER
Jennifer Fountain Connolly, Wexler Toriseva Wallace LLP, 55 W. Monroe Street, Suite 3300, Chicago, IL 60603, (312) 346-2222

(See Rule 45, Federal Rules of Civil Procedure, Subdivisions (c), (d), and (e), on next page)

[1] If action is pending in district other than district of issuance, state district under case number.

PROOF OF SERVICE

DATE PLACE

SERVED

SERVED ON (PRINT NAME) MANNER OF SERVICE

SERVED BY (PRINT NAME) TITLE

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Proof of Service is true and correct.

Executed on _____
DATE

_____
SIGNATURE OF SERVER

_____
ADDRESS OF SERVER

Rule 45, Federal Rules of Civil Procedure, Subdivisions (c), (d), and (e), as amended on December 1, 2006:

(c) PROTECTION OF PERSONS SUBJECT TO SUBPOENAS.

(1) A party or an attorney responsible for the issuance and service of a subpoena shall take reasonable steps to avoid imposing undue burden or expense on a person subject to that subpoena. The court on behalf of which the subpoena was issued shall enforce this duty and impose upon the party or attorney in breach of this duty an appropriate sanction, which may include, but is not limited to, lost earnings and a reasonable attorney's fee.

(2) (A) A person commanded to produce and permit inspection, copying, testing, or sampling of designated electronically stored information, books, papers, documents or tangible things, or inspection of premises need not appear in person at the place of production or inspection unless commanded to appear for deposition, hearing or trial.

(B) Subject to paragraph (d)(2) of this rule, a person commanded to produce and permit inspection, copying, testing, or sampling may, within 14 days after service of the subpoena or before the time specified for compliance if such time is less than 14 days after service, serve upon the party or attorney designated in the subpoena written objection to producing any or all of the designated materials or inspection of the premises — or to producing electronically stored information in the form or forms requested. If objection is made, the party serving the subpoena shall not be entitled to inspect, copy, test, or sample the materials or inspect the premises except pursuant to an order of the court by which the subpoena was issued. If objection has been made, the party serving the subpoena may, upon notice to the person commanded to produce, move at any time for an order to compel the production, inspection, copying, testing, or sampling. Such an order to compel shall protect any person who is not a party or an officer of a party from significant expense resulting from the inspection, copying, testing, or sampling commanded.

(3) (A) On timely motion, the court by which a subpoena was issued shall quash or modify the subpoena if it

(i) fails to allow reasonable time for compliance;

(ii) requires a person who is not a party or an officer of a party to travel to a place more than 100 miles from the place where that person resides, is employed or regularly transacts business in person, except that, subject to the provisions of clause (c)(3)(B)(iii) of this rule, such a person may in order to attend trial be commanded to travel from any such place within the state in which the trial is held;

(iii) requires disclosure of privileged or other protected matter and no exception or waiver applies; or

(iv) subjects a person to undue burden.

(B) If a subpoena

(i) requires disclosure of a trade secret or other confidential research, development, or commercial information, or

(ii) requires disclosure of an unretained expert's opinion or information not describing specific events or occurrences in dispute and resulting from the expert's study made not at the request of any party, or

(iii) requires a person who is not a party or an officer of a party to incur substantial expense to travel more than 100 miles to attend trial, the court may, to protect a person subject to or affected by the subpoena, quash or modify the subpoena or, if the party in whose behalf the subpoena is issued shows a substantial need for the testimony or material that cannot be otherwise met without undue hardship and assures that the person to whom the subpoena is addressed will be reasonably compensated, the court may order appearance or production only upon specified conditions.

(d) DUTIES IN RESPONDING TO SUBPOENA.

(1) (A) A person responding to a subpoena to produce documents shall produce them as they are kept in the usual course of business or shall organize and label them to correspond with the categories in the demand.

(B) If a subpoena does not specify the form or forms for producing electronically stored information, a person responding to a subpoena must produce the information in a form or forms in which the person ordinarily maintains it or in a form or forms that are reasonably usable.

(C) A person responding to a subpoena need not produce the same electronically stored information in more than one form.

(D) A person responding to a subpoena need not provide discovery of electronically stored information from sources that the person identifies as not reasonably accessible because of undue burden or cost. On motion to compel discovery or to quash, the person from whom discovery is sought must show that the information sought is not reasonably accessible because of undue burden or cost. If that showing is made, the court may nonetheless order discovery from such sources if the requesting party shows good cause, considering the limitations of Rule 26(b)(2)(C). The court may specify conditions for the discovery.

(2) (A) When information subject to a subpoena is withheld on a claim that it is privileged or subject to protection as trial-preparation materials, the claim shall be made expressly and shall be supported by a description of the nature of the documents, communications, or things not produced that is sufficient to enable the demanding party to contest the claim.

(B) If information is produced in response to a subpoena that is subject to a claim of privilege or of protection as trial-preparation material, the person making the claim may notify any party that received the information of the claim and the basis for it. After being notified, a party must promptly return, sequester, or destroy the specified information and any copies it has and may not use or disclose the information until the claim is resolved. A receiving party may promptly present the information to the court under seal for a determination of the claim. If the receiving party disclosed the information before being notified, it must take reasonable steps to retrieve it. The person who produced the information must preserve the information until the claim is resolved.

(e) CONTEMPT. Failure of any person without adequate excuse to obey a subpoena served upon that person may be deemed a contempt of the court from which the subpoena issued. An adequate cause for failure to obey exists when a subpoena purports to require a nonparty to attend or produce at a place not within the limits provided by clause (ii) of subparagraph (c)(3)(A).

EXHIBIT A

I. DEFINITIONS AND INSTRUCTIONS

1. The following requests for documents refer to the period of January 1, 1998 through the date of production.

2. "You" and "Your" shall refer to Supervalu and any of its subsidiaries, divisions, affiliates, officers, directors, employees or agents, including, but not limited to, attorneys and accountants.

3. "All documents and electronically stored information" means every document and all electronically stored information, in Your "possession or control," including but not limited to "writings, drawings, graphs, charts, photographs, sound recordings, images, and other data or data compilations stored in any medium, from which information can be obtained – translated, if necessary by the respondent into reasonably useable form," as provided by Fed. R. Civ. P. 34(a).

4. "Communications," as defined by Massachusetts Local Rule 26.5(c)(1), means the transmittal of information (in the form of facts, ideas, inquiries, or otherwise).

5. "Concerning," as defined by Massachusetts Local Rule 26.5(c)(7), means referring to, describing, evidencing, or constituting.

6. "AWP" means average wholesale price.

7. "Usual and customary" or "U&C" price means the price individuals without health insurance or other coverage pay retail pharmacies to purchase prescription drugs, a price otherwise known in the prescription drug industry as the "retail" or "cash" price.

8. "Institutional payors" means any non-government entity or program that reimburses Providers for drugs or health care services, including but not limited to, Prescription

Benefit Managers; health insurance companies, health maintenance organizations, preferred provider organizations, self insurance plans, health plans, unions, and welfare and benefit plans.

9. "Third party reimbursement" means reimbursement of the pharmacy providers by institutional payors or government entity or program for the delivery of pharmaceuticals to patients.

II. RULES OF CONSTRUCTION

1. All/Each – The terms "all" and "each" shall be construed as meaning either all or each as necessary to bring within the scope of the discovery request all responses that might otherwise be construed to be outside its scope.

2. And/Or – The connectives "and" and "or" shall be construed either disjunctively or conjunctively as necessary to bring within the scope of the discovery request all responses that might otherwise be construed to be outside its scope.

3. The use of the singular form of any word shall include the plural and vice versa.

4. The masculine gender includes the feminine.

III. INSTRUCTIONS

1. In producing documents and other materials, you must furnish all documents or things in your possession, custody or control, regardless of whether such documents or materials are possessed directly by you or your directors, officers, agents, employees, representatives, subsidiaries, managing agents, affiliates, investigators, or by your attorneys or their agents, employees, representatives or investigators.

2. In producing documents, you must produce the original of each document requested together with all non-identical copies and drafts of that document. If the original of any document cannot be located, a copy shall be provided in lieu thereof, and shall be legible and bound or stapled in the same manner as the original (to the extent this is known).

3. Documents shall be produced as they are kept in the usual course of business or shall be organized and labeled to identify any file number, file name, or any other file identification system utilized by the responding party, as well as the location and custodian of such records. These requests include Plaintiffs' request to physically inspect any file drawer, filing cabinet or any other storage device where documents responsive to these requests are maintained at the time of the inspection of such documents.

4. Electronically stored data, including databases and/or electronic compilations of data, shall be produced in electronic format.

5. Documents attached to each other should not be separated.

6. If any responsive document was, but is no longer in the possession or subject to your control, state whether it (i) is missing or lost, (ii) has been destroyed, (iii) has been transferred, voluntarily or involuntarily, to others, or (iv) has been otherwise disposed of, and in each instance explain the circumstances surrounding, and state the date or approximate date of, such disposition.

7. In the event that you object to any document request on the grounds of privilege or work product, a statement shall be provided as to each document which includes:

a. the name of the author of the document;

b. the name of the recipient of the document;

c. the names of the persons to whom copies were sent;

d. the job title of every individual named in (a), (b), and (c) above;

e. the date the document was created, sent, and received;

f. the location of the document;

g. the custodian of the document;

h. a brief description of the nature and subject matter of the document; and

i. a statement of the privilege asserted and each and every fact or basis upon which a privilege is claimed or on which the document is otherwise withheld.

8. Notwithstanding the assertion of any objection to production, if a document contains non-objectionable or non-privileged matter, please produce that document, redacting that portion for which the objection is asserted, provided that the identification requested in paragraphs (h) and (i) above are furnished.

IV. DOCUMENTS TO BE PRODUCED

1. All documents and electronically stored information concerning Your store policies and/or formulas to generate or determine Your U&C prices for brand drugs.

2. All documents and electronically stored information concerning the relationship between Your U&C prices and the AWP; wholesaler list prices and/or third party reimbursement amounts for drugs.

3. All documents and electronically stored information concerning your U&C prices for the brand drugs attached in Appendix A, and the corresponding AWP for the time period.

a. data should be provided in electronic format

b. data should include the following information

i. date of sale;

ii. drug name;

iii. drug NDC;

iv. number of pills dispensed;

v. pharmacy name and location;

vi. unique pharmacy number (National Council of Prescription Drug Programs (NDPCP) or National Association of Boards of Pharmacy (NABP));

vii. U&C amount charged;

viii. AWP in place for that NDC on that date;

ix. any other reference data used in determining U&C on that date; and

x. any discounts that may have affected the U&C price charged to a given individual (e.g., pharmacy discount cards; sales; etc.).

4. All documents or electronically stored information concerning payments by Institutional Payors for prescriptions for the brand drugs attached in Appendix A sold to individuals with private insurance coverage:

a. data should be provided in electronic format

b. data should include the following information

i. date of sale;

ii. drug name;

iii. drug NDC;

iv. number of pills dispensed;

v. pharmacy name and location;

vi. unique pharmacy number (National Council of Prescription Drug Programs (NDPCP) or National Association of Boards of Pharmacy (NABP));

vii. total amount requested and total amount received;

viii. ingredient cost;

ix. dispensing fee received;

x. coinsurance amount received;

xi. any other amount received or paid (as applicable, for example tax);

xii. AWP in place for that NDC on that date; and

xiii. name of Institutional Payor.

Exhibit A
Part 2

AO88 (Rev. 12/06) Subpoena in a Civil Case

Issued by the

UNITED STATES DISTRICT COURT

DISTRICT OF MINNESOTA

NEW ENGLAND CARPENTERS HEALTH BENEFITS FUND, et al.

v.

FIRST DATABANK, et al.

SUBPOENA IN A CIVIL CASE

Case Number:[1] 05-cv-11148
Pending in the USDC District of Massachusetts
Judge Patti B. Saris

TO: Target Corporation
1000 Nicollet Mall
Minneapolis, MN 55403

☐ YOU ARE COMMANDED to appear in the United States District court at the place, date, and time specified below to testify in the above case.

PLACE OF TESTIMONY	COURTROOM
	DATE AND TIME

☐ YOU ARE COMMANDED to appear at the place, date, and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION	DATE AND TIME

☒ YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects at the place, date, and time specified below (list documents or objects):

See Rider attached as Exhibit A.

PLACE	DATE AND TIME
Renae D. Steiner, Gustafson Gluek PLLC 650 Northstar East, 608 Second Avenue S., Minneapolis, MN 55402	February 14, 2008

☐ YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.

PREMISES	DATE AND TIME

Any organization not a party to this suit that is subpoenaed for the taking of a deposition shall designate one or more officers, directors, or managing agents, or other persons who consent to testify on its behalf, and may set forth, for each person designated, the matters on which the person will testify. Federal Rules of Civil Procedure, 30(b)(6).

ISSUING OFFICER'S SIGNATURE AND TITLE (INDICATE IF ATTORNEY FOR PLAINTIFF OR DEFENDANT)	DATE
Jennifer F. Connolly Attorney for Plaintiffs	January 31, 2008

ISSUING OFFICER'S NAME, ADDRESS AND PHONE NUMBER
Jennifer Fountain Connolly, Wexler Toriseva Wallace LLP, 55 W. Monroe Street, Suite 3300, Chicago, IL 60603, (312) 346-2222

(See Rule 45, Federal Rules of Civil Procedure, Subdivisions (c), (d), and (e), on next page)

[1] If action is pending in district other than district of issuance, state district under case number.

PROOF OF SERVICE

DATE PLACE

SERVED

SERVED ON (PRINT NAME) MANNER OF SERVICE

SERVED BY (PRINT NAME) TITLE

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Proof of Service is true and correct.

Executed on _____
DATE

_____
SIGNATURE OF SERVER

_____
ADDRESS OF SERVER

Rule 45, Federal Rules of Civil Procedure, Subdivisions (c), (d), and (e), as amended on December 1, 2006:

(c) PROTECTION OF PERSONS SUBJECT TO SUBPOENAS.

(1) A party or an attorney responsible for the issuance and service of a subpoena shall take reasonable steps to avoid imposing undue burden or expense on a person subject to that subpoena. The court on behalf of which the subpoena was issued shall enforce this duty and impose upon the party or attorney in breach of this duty an appropriate sanction, which may include, but is not limited to, lost earnings and a reasonable attorney's fee.

(2) (A) A person commanded to produce and permit inspection, copying, testing, or sampling of designated electronically stored information, books, papers, documents or tangible things, or inspection of premises need not appear in person at the place of production or inspection unless commanded to appear for deposition, hearing or trial.

(B) Subject to paragraph (d)(2) of this rule, a person commanded to produce and permit inspection, copying, testing, or sampling may, within 14 days after service of the subpoena or before the time specified for compliance if such time is less than 14 days after service, serve upon the party or attorney designated in the subpoena written objection to producing any or all of the designated materials or inspection of the premises — or to producing electronically stored information in the form or forms requested. If objection is made, the party serving the subpoena shall not be entitled to inspect, copy, test, or sample the materials or inspect the premises except pursuant to an order of the court by which the subpoena was issued. If objection has been made, the party serving the subpoena may, upon notice to the person commanded to produce, move at any time for an order to compel the production, inspection, copying, testing, or sampling. Such an order to compel shall protect any person who is not a party or an officer of a party from significant expense resulting from the inspection, copying, testing, or sampling commanded.

(3) (A) On timely motion, the court by which a subpoena was issued shall quash or modify the subpoena if it

(i) fails to allow reasonable time for compliance;

(ii) requires a person who is not a party or an officer of a party to travel to a place more than 100 miles from the place where that person resides, is employed or regularly transacts business in person, except that, subject to the provisions of clause (c)(3)(B)(iii) of this rule, such a person may in order to attend trial be commanded to travel from any such place within the state in which the trial is held;

(iii) requires disclosure of privileged or other protected matter and no exception or waiver applies; or

(iv) subjects a person to undue burden.

(B) If a subpoena

(i) requires disclosure of a trade secret or other confidential research, development, or commercial information, or

(ii) requires disclosure of an unretained expert's opinion or information not describing specific events or occurrences in dispute and resulting from the expert's study made not at the request of any party, or

(iii) requires a person who is not a party or an officer of a party to incur substantial expense to travel more than 100 miles to attend trial, the court may, to protect a person subject to or affected by the subpoena, quash or modify the subpoena or, if the party in whose behalf the subpoena is issued shows a substantial need for the testimony or material that cannot be otherwise met without undue hardship and assures that the person to whom the subpoena is addressed will be reasonably compensated, the court may order appearance or production only upon specified conditions.

(d) DUTIES IN RESPONDING TO SUBPOENA.

(1) (A) A person responding to a subpoena to produce documents shall produce them as they are kept in the usual course of business or shall organize and label them to correspond with the categories in the demand.

(B) If a subpoena does not specify the form or forms for producing electronically stored information, a person responding to a subpoena must produce the information in a form or forms in which the person ordinarily maintains it or in a form or forms that are reasonably usable.

(C) A person responding to a subpoena need not produce the same electronically stored information in more than one form.

(D) A person responding to a subpoena need not provide discovery of electronically stored information from sources that the person identifies as not reasonably accessible because of undue burden or cost. On motion to compel discovery or to quash, the person from whom discovery is sought must show that the information sought is not reasonably accessible because of undue burden or cost. If that showing is made, the court may nonetheless order discovery from such sources if the requesting party shows good cause, considering the limitations of Rule 26(b)(2)(C). The court may specify conditions for the discovery.

(2) (A) When information subject to a subpoena is withheld on a claim that it is privileged or subject to protection as trial-preparation materials, the claim shall be made expressly and shall be supported by a description of the nature of the documents, communications, or things not produced that is sufficient to enable the demanding party to contest the claim.

(B) If information is produced in response to a subpoena that is subject to a claim of privilege or of protection as trial-preparation material, the person making the claim may notify any party that received the information of the claim and the basis for it. After being notified, a party must promptly return, sequester, or destroy the specified information and any copies it has and may not use or disclose the information until the claim is resolved. A receiving party may promptly present the information to the court under seal for a determination of the claim. If the receiving party disclosed the information before being notified, it must take reasonable steps to retrieve it. The person who produced the information must preserve the information until the claim is resolved.

(e) CONTEMPT. Failure of any person without adequate excuse to obey a subpoena served upon that person may be deemed a contempt of the court from which the subpoena issued. An adequate cause for failure to obey exists when a subpoena purports to require a nonparty to attend or produce at a place not within the limits provided by clause (ii) of subparagraph (c)(3)(A).

EXHIBIT A

I. DEFINITIONS AND INSTRUCTIONS

1. The following requests for documents refer to the period of January 1, 1998 through the date of production.

2. "You" and "Your" shall refer to Target Corporation and any of its subsidiaries, divisions, affiliates, officers, directors, employees or agents, including, but not limited to, attorneys and accountants.

3. "All documents and electronically stored information" means every document and all electronically stored information, in Your "possession or control," including but not limited to "writings, drawings, graphs, charts, photographs, sound recordings, images, and other data or data compilations stored in any medium, from which information can be obtained – translated, if necessary by the respondent into reasonably useable form," as provided by Fed. R. Civ. P. 34(a).

4. "Communications," as defined by Massachusetts Local Rule 26.5(c)(1), means the transmittal of information (in the form of facts, ideas, inquiries, or otherwise).

5. "Concerning," as defined by Massachusetts Local Rule 26.5(c)(7), means referring to, describing, evidencing, or constituting.

6. "AWP" means average wholesale price.

7. "Usual and customary" or "U&C" price means the price individuals without health insurance or other coverage pay retail pharmacies to purchase prescription drugs, a price otherwise known in the prescription drug industry as the "retail" or "cash" price.

8. "Institutional payors" means any non-government entity or program that reimburses Providers for drugs or health care services, including but not limited to, Prescription

Benefit Managers; health insurance companies, health maintenance organizations, preferred provider organizations, self insurance plans, health plans, unions, and welfare and benefit plans.

9. "Third party reimbursement" means reimbursement of the pharmacy providers by institutional payors or government entity or program for the delivery of pharmaceuticals to patients.

II. RULES OF CONSTRUCTION

1. All/Each – The terms "all" and "each" shall be construed as meaning either all or each as necessary to bring within the scope of the discovery request all responses that might otherwise be construed to be outside its scope.

2. And/Or – The connectives "and" and "or" shall be construed either disjunctively or conjunctively as necessary to bring within the scope of the discovery request all responses that might otherwise be construed to be outside its scope.

3. The use of the singular form of any word shall include the plural and vice versa.

4. The masculine gender includes the feminine.

III. INSTRUCTIONS

1. In producing documents and other materials, you must furnish all documents or things in your possession, custody or control, regardless of whether such documents or materials are possessed directly by you or your directors, officers, agents, employees, representatives, subsidiaries, managing agents, affiliates, investigators, or by your attorneys or their agents, employees, representatives or investigators.

2. In producing documents, you must produce the original of each document requested together with all non-identical copies and drafts of that document. If the original of any document cannot be located, a copy shall be provided in lieu thereof, and shall be legible and bound or stapled in the same manner as the original (to the extent this is known).

3. Documents shall be produced as they are kept in the usual course of business or shall be organized and labeled to identify any file number, file name, or any other file identification system utilized by the responding party, as well as the location and custodian of such records. These requests include Plaintiffs' request to physically inspect any file drawer, filing cabinet or any other storage device where documents responsive to these requests are maintained at the time of the inspection of such documents.

4. Electronically stored data, including databases and/or electronic compilations of data, shall be produced in electronic format.

5. Documents attached to each other should not be separated.

6. If any responsive document was, but is no longer in the possession or subject to your control, state whether it (i) is missing or lost, (ii) has been destroyed, (iii) has been transferred, voluntarily or involuntarily, to others, or (iv) has been otherwise disposed of, and in each instance explain the circumstances surrounding, and state the date or approximate date of, such disposition.

7. In the event that you object to any document request on the grounds of privilege or work product, a statement shall be provided as to each document which includes:

a. the name of the author of the document;

b. the name of the recipient of the document;

c. the names of the persons to whom copies were sent;

d. the job title of every individual named in (a), (b), and (c) above;

e. the date the document was created, sent, and received;

f. the location of the document;

g. the custodian of the document;

h. a brief description of the nature and subject matter of the document; and

i. a statement of the privilege asserted and each and every fact or basis upon which a privilege is claimed or on which the document is otherwise withheld.

8. Notwithstanding the assertion of any objection to production, if a document contains non-objectionable or non-privileged matter, please produce that document, redacting that portion for which the objection is asserted, provided that the identification requested in paragraphs (h) and (i) above are furnished.

IV. DOCUMENTS TO BE PRODUCED

1. All documents and electronically stored information concerning Your store policies and/or formulas to generate or determine Your U&C prices for brand drugs.

2. All documents and electronically stored information concerning the relationship between Your U&C prices and the AWP; wholesaler list prices and/or third party reimbursement amounts for drugs.

3. All documents and electronically stored information concerning your U&C prices for the brand drugs attached in Appendix A, and the corresponding AWP for the time period.

a. data should be provided in electronic format

b. data should include the following information

i. date of sale;

ii. drug name;

iii. drug NDC;

iv. number of pills dispensed;

v. pharmacy name and location;

vi. unique pharmacy number (National Council of Prescription Drug Programs (NDPCP) or National Association of Boards of Pharmacy (NABP));

vii. U&C amount charged;

viii. AWP in place for that NDC on that date;

ix. any other reference data used in determining U&C on that date; and

x. any discounts that may have affected the U&C price charged to a given individual (e.g., pharmacy discount cards; sales; etc.).

4. All documents or electronically stored information concerning payments by Institutional Payors for prescriptions for the brand drugs attached in Appendix A sold to individuals with private insurance coverage:

a. data should be provided in electronic format

b. data should include the following information

i. date of sale;

ii. drug name;

iii. drug NDC;

iv. number of pills dispensed;

v. pharmacy name and location;

vi. unique pharmacy number (National Council of Prescription Drug Programs (NDPCP) or National Association of Boards of Pharmacy (NABP));

vii. total amount requested and total amount received;

viii. ingredient cost;

ix. dispensing fee received;

x. coinsurance amount received;

xi. any other amount received or paid (as applicable, for example tax);

xii. AWP in place for that NDC on that date; and

xiii. name of Institutional Payor.

AO88 (Rev. 12/06) Subpoena in a Civil Case

Issued by the

UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF ILLINOIS

NEW ENGLAND CARPENTERS HEALTH BENEFITS FUND, et al.

v.

FIRST DATABANK, et al.

SUBPOENA IN A CIVIL CASE

Case Number:[1] 05-cv-11148
Pending in the USDC District of Massachusetts
Judge Patti B. Saris

TO: Walgreen Co.
200 Wilmot Road
Deerfield, IL 60015

☐ YOU ARE COMMANDED to appear in the United States District court at the place, date, and time specified below to testify in the above case.

PLACE OF TESTIMONY	COURTROOM
	DATE AND TIME

☐ YOU ARE COMMANDED to appear at the place, date, and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION	DATE AND TIME

☒ YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects at the place, date, and time specified below (list documents or objects):

See Rider attached as Exhibit A.

PLACE	DATE AND TIME
Wexler Toriseva Wallace LLP 55 W. Monroe Street, Suite 3300, Chicago, IL 60603	February 14, 2008 at 9:00 a.m.

☐ YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.

PREMISES	DATE AND TIME

Any organization not a party to this suit that is subpoenaed for the taking of a deposition shall designate one or more officers, directors, or managing agents, or other persons who consent to testify on its behalf, and may set forth, for each person designated, the matters on which the person will testify. Federal Rules of Civil Procedure, 30(b)(6).

ISSUING OFFICER'S SIGNATURE AND TITLE (INDICATE IF ATTORNEY FOR PLAINTIFF OR DEFENDANT)	DATE
Jennifer F. Connolly Attorney for Plaintiffs	January 31, 2008

ISSUING OFFICER'S NAME, ADDRESS AND PHONE NUMBER
Jennifer Fountain Connolly, Wexler Toriseva Wallace LLP, 55 W. Monroe Street, Suite 3300, Chicago, IL 60603, (312) 346-2222

(See Rule 45, Federal Rules of Civil Procedure, Subdivisions (c), (d), and (e), on next page)

[1] If action is pending in district other than district of issuance, state district under case number.

PROOF OF SERVICE

DATE PLACE

SERVED

SERVED ON (PRINT NAME) MANNER OF SERVICE

SERVED BY (PRINT NAME) TITLE

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Proof of Service is true and correct.

Executed on _____
DATE

_____
SIGNATURE OF SERVER

_____
ADDRESS OF SERVER

Rule 45, Federal Rules of Civil Procedure, Subdivisions (c), (d), and (e), as amended on December 1, 2006:

(c) PROTECTION OF PERSONS SUBJECT TO SUBPOENAS.

(1) A party or an attorney responsible for the issuance and service of a subpoena shall take reasonable steps to avoid imposing undue burden or expense on a person subject to that subpoena. The court on behalf of which the subpoena was issued shall enforce this duty and impose upon the party or attorney in breach of this duty an appropriate sanction, which may include, but is not limited to, lost earnings and a reasonable attorney's fee.

(2) (A) A person commanded to produce and permit inspection, copying, testing, or sampling of designated electronically stored information, books, papers, documents or tangible things, or inspection of premises need not appear in person at the place of production or inspection unless commanded to appear for deposition, hearing or trial.

(B) Subject to paragraph (d)(2) of this rule, a person commanded to produce and permit inspection, copying, testing, or sampling may, within 14 days after service of the subpoena or before the time specified for compliance if such time is less than 14 days after service, serve upon the party or attorney designated in the subpoena written objection to producing any or all of the designated materials or inspection of the premises — or to producing electronically stored information in the form or forms requested. If objection is made, the party serving the subpoena shall not be entitled to inspect, copy, test, or sample the materials or inspect the premises except pursuant to an order of the court by which the subpoena was issued. If objection has been made, the party serving the subpoena may, upon notice to the person commanded to produce, move at any time for an order to compel the production, inspection, copying, testing, or sampling. Such an order to compel shall protect any person who is not a party or an officer of a party from significant expense resulting from the inspection, copying, testing, or sampling commanded.

(3) (A) On timely motion, the court by which a subpoena was issued shall quash or modify the subpoena if it

(i) fails to allow reasonable time for compliance;

(ii) requires a person who is not a party or an officer of a party to travel to a place more than 100 miles from the place where that person resides, is employed or regularly transacts business in person, except that, subject to the provisions of clause (c)(3)(B)(iii) of this rule, such a person may in order to attend trial be commanded to travel from any such place within the state in which the trial is held;

(iii) requires disclosure of privileged or other protected matter and no exception or waiver applies; or

(iv) subjects a person to undue burden.

(B) If a subpoena

(i) requires disclosure of a trade secret or other confidential research, development, or commercial information, or

(ii) requires disclosure of an unretained expert's opinion or information not describing specific events or occurrences in dispute and resulting from the expert's study made not at the request of any party, or

(iii) requires a person who is not a party or an officer of a party to incur substantial expense to travel more than 100 miles to attend trial, the court may, to protect a person subject to or affected by the subpoena, quash or modify the subpoena or, if the party in whose behalf the subpoena is issued shows a substantial need for the testimony or material that cannot be otherwise met without undue hardship and assures that the person to whom the subpoena is addressed will be reasonably compensated, the court may order appearance or production only upon specified conditions.

(d) DUTIES IN RESPONDING TO SUBPOENA.

(1) (A) A person responding to a subpoena to produce documents shall produce them as they are kept in the usual course of business or shall organize and label them to correspond with the categories in the demand.

(B) If a subpoena does not specify the form or forms for producing electronically stored information, a person responding to a subpoena must produce the information in a form or forms in which the person ordinarily maintains it or in a form or forms that are reasonably usable.

(C) A person responding to a subpoena need not produce the same electronically stored information in more than one form.

(D) A person responding to a subpoena need not provide discovery of electronically stored information from sources that the person identifies as not reasonably accessible because of undue burden or cost. On motion to compel discovery or to quash, the person from whom discovery is sought must show that the information sought is not reasonably accessible because of undue burden or cost. If that showing is made, the court may nonetheless order discovery from such sources if the requesting party shows good cause, considering the limitations of Rule 26(b)(2)(C). The court may specify conditions for the discovery.

(2) (A) When information subject to a subpoena is withheld on a claim that it is privileged or subject to protection as trial-preparation materials, the claim shall be made expressly and shall be supported by a description of the nature of the documents, communications, or things not produced that is sufficient to enable the demanding party to contest the claim.

(B) If information is produced in response to a subpoena that is subject to a claim of privilege or of protection as trial-preparation material, the person making the claim may notify any party that received the information of the claim and the basis for it. After being notified, a party must promptly return, sequester, or destroy the specified information and any copies it has and may not use or disclose the information until the claim is resolved. A receiving party may promptly present the information to the court under seal for a determination of the claim. If the receiving party disclosed the information before being notified, it must take reasonable steps to retrieve it. The person who produced the information must preserve the information until the claim is resolved.

(e) CONTEMPT. Failure of any person without adequate excuse to obey a subpoena served upon that person may be deemed a contempt of the court from which the subpoena issued. An adequate cause for failure to obey exists when a subpoena purports to require a nonparty to attend or produce at a place not within the limits provided by clause (ii) of subparagraph (c)(3)(A).

EXHIBIT A

I. DEFINITIONS AND INSTRUCTIONS

1. The following requests for documents refer to the period of January 1, 1998 through the date of production.

2. "You" and "Your" shall refer to Walgreen Co. and any of its subsidiaries, divisions, affiliates, officers, directors, employees or agents, including, but not limited to, attorneys and accountants.

3. "All documents and electronically stored information" means every document and all electronically stored information, in Your "possession or control," including but not limited to "writings, drawings, graphs, charts, photographs, sound recordings, images, and other data or data compilations stored in any medium, from which information can be obtained – translated, if necessary by the respondent into reasonably useable form," as provided by Fed. R. Civ. P. 34(a).

4. "Communications," as defined by Massachusetts Local Rule 26.5(c)(1), means the transmittal of information (in the form of facts, ideas, inquiries, or otherwise).

5. "Concerning," as defined by Massachusetts Local Rule 26.5(c)(7), means referring to, describing, evidencing, or constituting.

6. "AWP" means average wholesale price.

7. "Usual and customary" or "U&C" price means the price individuals without health insurance or other coverage pay retail pharmacies to purchase prescription drugs, a price otherwise known in the prescription drug industry as the "retail" or "cash" price.

8. "Institutional payors" means any non-government entity or program that reimburses Providers for drugs or health care services, including but not limited to, Prescription

Benefit Managers; health insurance companies, health maintenance organizations, preferred provider organizations, self insurance plans, health plans, unions, and welfare and benefit plans.

9. "Third party reimbursement" means reimbursement of the pharmacy providers by institutional payors or government entity or program for the delivery of pharmaceuticals to patients.

II. RULES OF CONSTRUCTION

1. All/Each – The terms "all" and "each" shall be construed as meaning either all or each as necessary to bring within the scope of the discovery request all responses that might otherwise be construed to be outside its scope.

2. And/Or – The connectives "and" and "or" shall be construed either disjunctively or conjunctively as necessary to bring within the scope of the discovery request all responses that might otherwise be construed to be outside its scope.

3. The use of the singular form of any word shall include the plural and vice versa.

4. The masculine gender includes the feminine.

III. INSTRUCTIONS

1. In producing documents and other materials, you must furnish all documents or things in your possession, custody or control, regardless of whether such documents or materials are possessed directly by you or your directors, officers, agents, employees, representatives, subsidiaries, managing agents, affiliates, investigators, or by your attorneys or their agents, employees, representatives or investigators.

2. In producing documents, you must produce the original of each document requested together with all non-identical copies and drafts of that document. If the original of any document cannot be located, a copy shall be provided in lieu thereof, and shall be legible and bound or stapled in the same manner as the original (to the extent this is known).

3. Documents shall be produced as they are kept in the usual course of business or shall be organized and labeled to identify any file number, file name, or any other file identification system utilized by the responding party, as well as the location and custodian of such records. These requests include Plaintiffs' request to physically inspect any file drawer, filing cabinet or any other storage device where documents responsive to these requests are maintained at the time of the inspection of such documents.

4. Electronically stored data, including databases and/or electronic compilations of data, shall be produced in electronic format.

5. Documents attached to each other should not be separated.

6. If any responsive document was, but is no longer in the possession or subject to your control, state whether it (i) is missing or lost, (ii) has been destroyed, (iii) has been transferred, voluntarily or involuntarily, to others, or (iv) has been otherwise disposed of, and in each instance explain the circumstances surrounding, and state the date or approximate date of, such disposition.

7. In the event that you object to any document request on the grounds of privilege or work product, a statement shall be provided as to each document which includes:

a. the name of the author of the document;

b. the name of the recipient of the document;

c. the names of the persons to whom copies were sent;

d. the job title of every individual named in (a), (b), and (c) above;

e. the date the document was created, sent, and received;

f. the location of the document;

g. the custodian of the document;

h. a brief description of the nature and subject matter of the document; and

i. a statement of the privilege asserted and each and every fact or basis upon which a privilege is claimed or on which the document is otherwise withheld.

8. Notwithstanding the assertion of any objection to production, if a document contains non-objectionable or non-privileged matter, please produce that document, redacting that portion for which the objection is asserted, provided that the identification requested in paragraphs (h) and (i) above are furnished.

IV. DOCUMENTS TO BE PRODUCED

1. All documents and electronically stored information concerning Your store policies and/or formulas to generate or determine Your U&C prices for brand drugs.

2. All documents and electronically stored information concerning the relationship between Your U&C prices and the AWP; wholesaler list prices and/or third party reimbursement amounts for drugs.

3. All documents and electronically stored information concerning your U&C prices for the brand drugs attached in Appendix A, and the corresponding AWP for the time period.

a. data should be provided in electronic format

b. data should include the following information

i. date of sale;

ii. drug name;

iii. drug NDC;

iv. number of pills dispensed;

v. pharmacy name and location;

vi. unique pharmacy number (National Council of Prescription Drug Programs (NDPCP) or National Association of Boards of Pharmacy (NABP));

vii. U&C amount charged;

viii. AWP in place for that NDC on that date;

ix. any other reference data used in determining U&C on that date; and

x. any discounts that may have affected the U&C price charged to a given individual (e.g., pharmacy discount cards; sales; etc.).

4. All documents or electronically stored information concerning payments by Institutional Payors for prescriptions for the brand drugs attached in Appendix A sold to individuals with private insurance coverage:

a. data should be provided in electronic format

b. data should include the following information

i. date of sale;

ii. drug name;

iii. drug NDC;

iv. number of pills dispensed;

v. pharmacy name and location;

vi. unique pharmacy number (National Council of Prescription Drug Programs (NDPCP) or National Association of Boards of Pharmacy (NABP));

vii. total amount requested and total amount received;

viii. ingredient cost;

ix. dispensing fee received;

x. coinsurance amount received;

xi. any other amount received or paid (as applicable, for example tax);

xii. AWP in place for that NDC on that date; and

xiii. name of Institutional Payor.

AO88 (Rev. 12/07) Subpoena in a Civil Case

Issued by the

UNITED STATES DISTRICT COURT

Southern District of Ohio

NEW ENGLAND CARPENTERS HEALTH BENEFITS FUND, et al., Plaintiffs

v.

FIRST DATABANK, INC., et al., Defendants.

TO: The Kroger Co.
1014 Vine St.
Cincinnati, OH 45202-1100

SUBPOENA IN A CIVIL CASE

Pending in:

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

C.A. No. 1:05-CV-11148-PBS

Judge Patti B. Saris

☐ YOU ARE COMMANDED to appear in the United States District court at the place, date, and time specified below to testify in the above case.

PLACE OF TESTIMONY	COURTROOM
	DATE AND TIME

☐ YOU ARE COMMANDED to appear at the place, date, and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION	DATE AND TIME

☑ YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects at the place, date, and time specified below (list documents or objects):

See Exhibit A attached hereto

PLACE	DATE AND TIME
Edelson & Associates, 45 West Court Street, Doylestown, PA 18901	2/29/2008 9:00 am

☐ YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.

PREMISES	DATE AND TIME

Any organization not a party to this suit that is subpoenaed for the taking of a deposition shall designate one or more officers, directors, or managing agents, or other persons who consent to testify on its behalf, and may set forth, for each person designated, the matters on which the person will testify. Federal Rule of Civil Procedure 30(b)(6).

ISSUING OFFICER'S SIGNATURE AND TITLE (INDICATE IF ATTORNEY FOR PLAINTIFF OR DEFENDANT)	DATE
Attorney for Plaintiffs	2/1/08

ISSUING OFFICER'S NAME, ADDRESS AND PHONE NUMBER

Marc H. Edelson, Esquire, Edelson & Assoc.,
45 West Court Street, Doylestown, PA 18901 ph. 215-230-8043, fax 215-230-8735

(See Federal Rule of Civil Procedure 45 (c), (d), and (e), on next page)

[1] If action is pending in district other than district of issuance, state district under case number.

PROOF OF SERVICE

DATE PLACE

SERVED

SERVED ON (PRINT NAME) MANNER OF SERVICE

SERVED BY (PRINT NAME) TITLE

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Proof of Service is true and correct.

Executed on _____
DATE

_____
SIGNATURE OF SERVER

_____
ADDRESS OF SERVER

Federal Rule of Civil Procedure 45 (c), (d), and (e), as amended on December 1, 2007:

(c) PROTECTING A PERSON SUBJECT TO A SUBPOENA.

(1) Avoiding Undue Burden or Expense; Sanctions. A party or attorney responsible for issuing and serving a subpoena must take reasonable steps to avoid imposing undue burden or expense on a person subject to the subpoena. The issuing court must enforce this duty and impose an appropriate sanction — which may include lost earnings and reasonable attorney's fees — on a party or attorney who fails to comply.

(2) Command to Produce Materials or Permit Inspection.

(A) Appearance Not Required. A person commanded to produce documents, electronically stored information, or tangible things, or to permit the inspection of premises, need not appear in person at the place of production or inspection unless also commanded to appear for a deposition, hearing, or trial.

(B) Objections. A person commanded to produce documents or tangible things or to permit inspection may serve on the party or attorney designated in the subpoena a written objection to inspecting, copying, testing or sampling any or all of the materials or to inspecting the premises — or to producing electronically stored information in the form or forms requested. The objection must be served before the earlier of the time specified for compliance or 14 days after the subpoena is served. If an objection is made, the following rules apply:

(i) At any time, on notice to the commanded person, the serving party may move the issuing court for an order compelling production or inspection.

(ii) These acts may be required only as directed in the order, and the order must protect a person who is neither a party nor a party's officer from significant expense resulting from compliance.

(3) Quashing or Modifying a Subpoena.

(A) When Required. On timely motion, the issuing court must quash or modify a subpoena that:

(i) fails to allow a reasonable time to comply;

(ii) requires a person who is neither a party nor a party's officer to travel more than 100 miles from where that person resides, is employed, or regularly transacts business in person — except that, subject to Rule 45(c)(3)(B)(iii), the person may be commanded to attend a trial by traveling from any such place within the state where the trial is held;

(iii) requires disclosure of privileged or other protected matter, if no exception or waiver applies; or

(iv) subjects a person to undue burden.

(B) When Permitted. To protect a person subject to or affected by a subpoena, the issuing court may, on motion, quash or modify the subpoena if it requires:

(i) disclosing a trade secret or other confidential research, development, or commercial information;

(ii) disclosing an unretained expert's opinion or information that does not describe specific occurrences in dispute and results from the expert's study that was not requested by a party; or

(iii) a person who is neither a party nor a party's officer to incur substantial expense to travel more than 100 miles to attend trial

(C) Specifying Conditions as an Alternative. In the circumstances described in Rule 45(c)(3)(B), the court may, instead of quashing or modifying a subpoena, order appearance or production under specified conditions if the serving party:

(i) shows a substantial need for the testimony or material that cannot be otherwise met without undue hardship; and

(ii) ensures that the subpoenaed person will be reasonably compensated.

(d) DUTIES IN RESPONDING TO A SUBPOENA.

(1) Producing Documents or Electronically Stored Information. These procedures apply to producing documents or electronically stored information:

(A) Documents. A person responding to a subpoena to produce documents must produce them as they are kept in the ordinary course of business or must organize and label them to correspond to the categories in the demand.

(B) Form for Producing Electronically Stored Information Not Specified. If a subpoena does not specify a form for producing electronically stored information, the person responding must produce it in a form or forms in which it is ordinarily maintained or in a reasonably usable form or forms.

(C) Electronically Stored Information Produced in Only One Form. The person responding need not produce the same electronically stored information in more than one form.

(D) Inaccessible Electronically Stored Information. The person responding need not provide discovery of electronically stored information from sources that the person identifies as not reasonably accessible because of undue burden or cost. On motion to compel discovery or for a protective order, the person responding must show that the information is not reasonably accessible because of undue burden or cost. If that showing is made, the court may nonetheless order discovery from such sources if the requesting party shows good cause, considering the limitations of Rule 26(b)(2)(C). The court may specify conditions for the discovery.

(2) Claiming Privilege or Protection.

(A) Information Withheld. A person withholding subpoenaed information under a claim that it is privileged or subject to protection as trial-preparation material must:

(i) expressly make the claim; and

(ii) describe the nature of the withheld documents, communications, or tangible things in a manner that, without revealing information itself privileged or protected, will enable the parties to assess the claim.

(B) Information Produced. If information produced in response to a subpoena is subject to a claim of privilege or of protection as trial-preparation material, the person making the claim may notify any party that received the information of the claim and the basis for it. After being notified, a party must promptly return, sequester, or destroy the specified information and any copies it has; must not use or disclose the information until the claim is resolved; must take reasonable steps to retrieve the information if the party disclosed it before being notified; and may promptly present the information to the court under seal for a determination of the claim. The person who produced the information must preserve the information until the claim is resolved.

(e) CONTEMPT.

The issuing court may hold in contempt a person who, having been served, fails without adequate excuse to obey the subpoena. A nonparty's failure to obey must be excused if the subpoena purports to require the nonparty to attend or produce at a place outside the limits of Rule 45(c)(3)(A)(ii).

EXHIBIT A

I. DEFINITIONS AND INSTRUCTIONS

1. The following requests for documents refer to the period of January 1, 1998 through the date of production.

2. "You" and "Your" shall refer to the Kroger Co. and any of its subsidiaries, divisions, affiliates, officers, directors, employees or agents, including, but not limited to, attorneys and accountants.

3. "All documents and electronically stored information" means every document and all electronically stored information, in Your "possession or control," including but not limited to "writings, drawings, graphs, charts, photographs, sound recordings, images, and other data or data compilations stored in any medium, from which information can be obtained – translated, if necessary by the respondent into reasonably useable form," as provided by Fed. R. Civ. P. 34(a). .

4. "Communications," as defined by Massachusetts Local Rule 26.5(c)(1), means the transmittal of information (in the form of facts, ideas, inquiries, or otherwise).

5. "Concerning," as defined by Massachusetts Local Rule 26.5(c)(7), means referring to, describing, evidencing, or constituting.

6. "AWP" means average wholesale price.

7. "Usual and customary" or "U&C" price means the price individuals without health insurance or other coverage pay retail pharmacies to purchase prescription drugs, a price otherwise known in the prescription drug industry as the "retail" or "cash" price.

8. "Institutional payors" means any non-government entity or program that reimburses Providers for drugs or health care services, including but not limited to, Prescription

Benefit Managers; health insurance companies, health maintenance organizations, preferred provider organizations, self insurance plans, health plans, unions, and welfare and benefit plans.

9. "Third party reimbursement" means reimbursement of the pharmacy providers by institutional payors or government entity or program for the delivery of pharmaceuticals to patients.

II. RULES OF CONSTRUCTION

1. All/Each – The terms "all" and "each" shall be construed as meaning either all and each as necessary to bring within the scope of the discovery request all responses that might otherwise be construed to be outside its scope.

2. And/Or – The connectives "and" and "or" shall be construed either disjunctively and conjunctively as necessary to bring within the scope of the discovery request all responses that might otherwise be construed to be outside its scope.

3. The use of the singular form of any word shall include the plural and vice versa.

4. The masculine gender includes the feminine.

III. INSTRUCTIONS

1. In producing documents and other materials, you must furnish all documents or things in your possession, custody or control, regardless of whether such documents or materials are possessed directly by you or your directors, officers, agents, employees, representatives, subsidiaries, managing agents, affiliates, investigators, or by your attorneys or their agents, employees, representatives or investigators.

2. In producing documents, you must produce the original of each document requested together with all non-identical copies and drafts of that document. If the original of any document cannot be located, a copy shall be provided in lieu thereof, and shall be legible and bound or stapled in the same manner as the original (to the extent this is known).

3. Documents shall be produced as they are kept in the usual course of business or shall be organized and labeled to identify any file number, file name, or any other file identification system utilized by the responding party, as well as the location and custodian of such records. These requests include Plaintiffs' request to physically inspect any file drawer, filing cabinet or any other storage device where documents responsive to these requests are maintained at the time of the inspection of such documents.

4. Electronically stored data, including databases and/or electronic compilations of data, shall be produced in electronic format.

5. Documents attached to each other should not be separated.

6. If any responsive document was, but is no longer in the possession or subject to your control, state whether it (i) is missing or lost, (ii) has been destroyed, (iii) has been transferred, voluntarily or involuntarily, to others, or (iv) has been otherwise disposed of, and in each instance explain the circumstances surrounding, and state the date or approximate date of, such disposition.

7. In the event that you object to any document request on the grounds of privilege or work product, a statement shall be provided as to each document which includes:

a. the name of the author of the document;

b. the name of the recipient of the document;

c. the names of the persons to whom copies were sent;

d. the job title of every individual named in (a), (b), and (c) above;

e. the date the document was created, sent, and received;

f. the location of the document;

g. the custodian of the document;

h. a brief description of the nature and subject matter of the document; and

i. a statement of the privilege asserted and each and every fact or basis upon which a privilege is claimed or on which the document is otherwise withheld.

8. Notwithstanding the assertion of any objection to production, if a document contains non-objectionable or non-privileged matter, please produce that document, redacting that portion for which the objection is asserted, provided that the identification requested in paragraphs (h) and (i) above are furnished.

IV. DOCUMENTS TO BE PRODUCED

1. All documents and electronically stored information concerning Your store policies and/or formulas to generate or determine Your U&C prices for brand drugs.

2. All documents and electronically stored information concerning the relation between Your U&C prices and the AWP; wholesaler list prices and/or third party reimbursement amounts for drugs.

3. All documents and electronically stored information concerning your U&C prices for the brand drugs attached in Appendix A, and the corresponding AWP for the time period.

a. data should be provided in electronic format

b. data should include the following information

i. date of sale;

ii. drug name;

iii. drug NDC;

iv. number of pills dispensed;

v. pharmacy name and location;

vii. unique pharmacy number (National Council of Prescription Drug Programs (NDPCP) or National Association of Boards of Pharmacy (NABP));

vii. U&C amount charged;

viii. AWP in place for that NDC on that date;

ix. any other reference data used in determining U&C on that date; and

x. any discounts that may have affected the U&C price charged to a given individual (e.g., pharmacy discount cards; sales; etc.).

4. All documents or electronically stored information concerning payments by Institutional Payors for prescriptions for the brand drugs attached in Appendix A sold to individuals with private insurance coverage:

a. data should be provided in electronic format

b. data should include the following information

i. date of sale;

ii. drug name;

iii. drug NDC;

iv. number of pills dispensed;

v. pharmacy name and location;

vi. unique pharmacy number (National Council of Prescription Drug Programs (NDPCP) or National Association of Boards of Pharmacy (NABP));

vii. total amount requested and total amount received;

viii. ingredient cost;

ix. dispensing fee received;

x.. coinsurance amount received;

xi. any other amount received or paid (as applicable, for example tax);

xii. AWP in place for that NDC on that date; and

xiii. name of Institutional Payor

AO88 (Rev. 12/06) Subpoena in a Civil Case

Issued by the

UNITED STATES DISTRICT COURT
DISTRICT OF RHODE ISLAND

New England Carpenter Health Benefits Fund, et al.
V.
First DataBank, Inc. and McKesson Corp.

SUBPOENA IN A CIVIL CASE

Case Number:[1] 05-CV-11148-PBS
Pending in USDC District of Massachusetts
Judge Patti B. Saris

TO: CVS Corporation
One CVS Drive
Woonsocket, RI 02895

YOU ARE COMMANDED to appear in the United States District court at the place, date, and time specified below to testify in the above case.

PLACE OF TESTIMONY	COURTROOM
	DATE AND TIME

YOU ARE COMMANDED to appear at the place, date, and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION	DATE AND TIME

[X] YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects at the place, date, and time specified below (list documents or objects): See attached Exhibit A
(In lieu of personally appearing, you may mail copies of the documents requested)

PLACE	DATE AND TIME
Spector, Roseman & Kodroff, P.C. 1818 Market St., Ste. 2500, Phila., PA 19103	Mar. 14, 2008; 9:00 a.m.

☐ YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.

PREMISES	DATE AND TIME

Any organization not a party to this suit that is subpoenaed for the taking of a deposition shall designate one or more officers, directors, or managing agents, or other persons who consent to testify on its behalf, and may set forth, for each person designated, the matters on which the person will testify. Federal Rules of Civil Procedure, 30(b)(6).

ISSUING OFFICER'S SIGNATURE AND TITLE (INDICATE IF ATTORNEY FOR PLAINTIFF OR DEFENDANT)	DATE
Attorney for Plaintiffs	Feb. 13, 2008

ISSUING OFFICER'S NAME, ADDRESS AND PHONE NUMBER
John A. Macoretta, Esq., Spector, Roseman & Kodroff, P.C., 1818 Market St., Ste. 2500, Phila., PA 19103
215.496.0300

(See Rule 45, Federal Rules of Civil Procedure, Subdivisions (c), (d), and (e), on next page)

[1] If action is pending in district other than district of issuance, state district under case number.

PROOF OF SERVICE

DATE PLACE

SERVED

SERVED ON (PRINT NAME) MANNER OF SERVICE

SERVED BY (PRINT NAME) TITLE

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Proof of Service is true and correct.

Executed on _____ _____
DATE SIGNATURE OF SERVER

ADDRESS OF SERVER

Rule 45, Federal Rules of Civil Procedure, Subdivisions (c), (d), and (e), as amended on December 1, 2006:

(c) PROTECTION OF PERSONS SUBJECT TO SUBPOENAS.

(1) A party or an attorney responsible for the issuance and service of a subpoena shall take reasonable steps to avoid imposing undue burden or expense on a person subject to that subpoena. The court on behalf of which the subpoena was issued shall enforce this duty and impose upon the party or attorney in breach of this duty an appropriate sanction, which may include, but is not limited to, lost earnings and a reasonable attorney's fee.

(2) (A) A person commanded to produce and permit inspection, copying, testing, or sampling of designated electronically stored information, books, papers, documents or tangible things, or inspection of premises need not appear in person at the place of production or inspection unless commanded to appear for deposition, hearing or trial.

(B) Subject to paragraph (d)(2) of this rule, a person commanded to produce and permit inspection, copying, testing, or sampling may, within 14 days after service of the subpoena or before the time specified for compliance if such time is less than 14 days after service, serve upon the party or attorney designated in the subpoena written objection to producing any or all of the designated materials or inspection of the premises — or to producing electronically stored information in the form or forms requested. If objection is made, the party serving the subpoena shall not be entitled to inspect, copy, test, or sample the materials or inspect the premises except pursuant to an order of the court by which the subpoena was issued. If objection has been made, the party serving the subpoena may, upon notice to the person commanded to produce, move at any time for an order to compel the production, inspection, copying, testing, or sampling. Such an order to compel shall protect any person who is not a party or an officer of a party from significant expense resulting from the inspection, copying, testing, or sampling commanded.

(3) (A) On timely motion, the court by which a subpoena was issued shall quash or modify the subpoena if it

(i) fails to allow reasonable time for compliance;

(ii) requires a person who is not a party or an officer of a party to travel to a place more than 100 miles from the place where that person resides, is employed or regularly transacts business in person, except that, subject to the provisions of clause (c)(3)(B)(iii) of this rule, such a person may in order to attend trial be commanded to travel from any such place within the state in which the trial is held;

(iii) requires disclosure of privileged or other protected matter and no exception or waiver applies; or

(iv) subjects a person to undue burden.

(B) If a subpoena

(i) requires disclosure of a trade secret or other confidential research, development, or commercial information, or

(ii) requires disclosure of an unretained expert's opinion or information not describing specific events or occurrences in dispute and resulting from the expert's study made not at the request of any party, or

(iii) requires a person who is not a party or an officer of a party to incur substantial expense to travel more than 100 miles to attend trial, the court may, to protect a person subject to or affected by the subpoena, quash or modify the subpoena or, if the party in whose behalf the subpoena is issued shows a substantial need for the testimony or material that cannot be otherwise met without undue hardship and assures that the person to whom the subpoena is addressed will be reasonably compensated, the court may order appearance or production only upon specified conditions.

(d) DUTIES IN RESPONDING TO SUBPOENA.

(1) (A) A person responding to a subpoena to produce documents shall produce them as they are kept in the usual course of business or shall organize and label them to correspond with the categories in the demand.

(B) If a subpoena does not specify the form or forms for producing electronically stored information, a person responding to a subpoena must produce the information in a form or forms in which the person ordinarily maintains it or in a form or forms that are reasonably usable.

(C) A person responding to a subpoena need not produce the same electronically stored information in more than one form.

(D) A person responding to a subpoena need not provide discovery of electronically stored information from sources that the person identifies as not reasonably accessible because of undue burden or cost. On motion to compel discovery or to quash, the person from whom discovery is sought must show that the information sought is not reasonably accessible because of undue burden or cost. If that showing is made, the court may nonetheless order discovery from such sources if the requesting party shows good cause, considering the limitations of Rule 26(b)(2)(C). The court may specify conditions for the discovery.

(2) (A) When information subject to a subpoena is withheld on a claim that it is privileged or subject to protection as trial-preparation materials, the claim shall be made expressly and shall be supported by a description of the nature of the documents, communications, or things not produced that is sufficient to enable the demanding party to contest the claim.

(B) If information is produced in response to a subpoena that is subject to a claim of privilege or of protection as trial-preparation material, the person making the claim may notify any party that received the information of the claim and the basis for it. After being notified, a party must promptly return, sequester, or destroy the specified information and any copies it has and may not use or disclose the information until the claim is resolved. A receiving party may promptly present the information to the court under seal for a determination of the claim. If the receiving party disclosed the information before being notified, it must take reasonable steps to retrieve it. The person who produced the information must preserve the information until the claim is resolved.

(e) CONTEMPT. Failure of any person without adequate excuse to obey a subpoena served upon that person may be deemed a contempt of the court from which the subpoena issued. An adequate cause for failure to obey exists when a subpoena purports to require a nonparty to attend or produce at a place not within the limits provided by clause (ii) of subparagraph (c)(3)(A).

AO88 (Rev. 12/06) Subpoena in a Civil Case

Issued by the

UNITED STATES DISTRICT COURT

MIDDLE DISTRICT OF PENNSYLVANIA

New England Carpenter Health Benefits Fund, et al.

V.

First Databank, Inc. and McKesson Corp.

SUBPOENA IN A CIVIL CASE

Case Number:[1] 05-CV-11148-PBS
Pending in USDC District of Massachusetts
Judge Patti B. Saris

TO: Rite-Aid
30 Hunter Lane
Camp Hill, PA 17011

☐ YOU ARE COMMANDED to appear in the United States District court at the place, date, and time specified below to testify in the above case.

PLACE OF TESTIMONY	COURTROOM
	DATE AND TIME

☐ YOU ARE COMMANDED to appear at the place, date, and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION	DATE AND TIME

☒ YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects at the place, date, and time specified below (list documents or objects): See attached Exhibit A

(In lieu of personally appearing, you may mail copies of the documents requested)

PLACE	DATE AND TIME
Spector, Roseman & Kodroff, P.C. 1818 Market St., Ste. 2500, Phila., PA 19103	Mar. 14, 2008; 9:00 a.m.

☐ YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.

PREMISES	DATE AND TIME

Any organization not a party to this suit that is subpoenaed for the taking of a deposition shall designate one or more officers, directors, or managing agents, or other persons who consent to testify on its behalf, and may set forth, for each person designated, the matters on which the person will testify. Federal Rules of Civil Procedure, 30(b)(6).

ISSUING OFFICER'S SIGNATURE AND TITLE (INDICATE IF ATTORNEY FOR PLAINTIFF OR DEFENDANT)	DATE
Attorney for Plaintiffs	Feb. 13, 2008

ISSUING OFFICER'S NAME, ADDRESS AND PHONE NUMBER

John A. Macoretta, Esq., Spector, Roseman & Kodroff, P.C., 1818 Market St., Ste. 2500, Phila. PA 19103
215.496.0300

(See Rule 45, Federal Rules of Civil Procedure, Subdivisions (c), (d), and (e), on next page)

[1] If action is pending in district other than district of issuance, state district under case number.

PROOF OF SERVICE

DATE PLACE

SERVED

SERVED ON (PRINT NAME) MANNER OF SERVICE

SERVED BY (PRINT NAME) TITLE

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Proof of Service is true and correct.

Executed on _____
DATE

_____
SIGNATURE OF SERVER

_____
ADDRESS OF SERVER

Rule 45, Federal Rules of Civil Procedure, Subdivisions (c), (d), and (e), as amended on December 1, 2006:

(c) PROTECTION OF PERSONS SUBJECT TO SUBPOENAS.

(1) A party or an attorney responsible for the issuance and service of a subpoena shall take reasonable steps to avoid imposing undue burden or expense on a person subject to that subpoena. The court on behalf of which the subpoena was issued shall enforce this duty and impose upon the party or attorney in breach of this duty an appropriate sanction, which may include, but is not limited to, lost earnings and a reasonable attorney's fee.

(2) (A) A person commanded to produce and permit inspection, copying, testing, or sampling of designated electronically stored information, books, papers, documents or tangible things, or inspection of premises need not appear in person at the place of production or inspection unless commanded to appear for deposition, hearing or trial.

(B) Subject to paragraph (d)(2) of this rule, a person commanded to produce and permit inspection, copying, testing, or sampling may, within 14 days after service of the subpoena or before the time specified for compliance if such time is less than 14 days after service, serve upon the party or attorney designated in the subpoena written objection to producing any or all of the designated materials or inspection of the premises — or to producing electronically stored information in the form or forms requested. If objection is made, the party serving the subpoena shall not be entitled to inspect, copy, test, or sample the materials or inspect the premises except pursuant to an order of the court by which the subpoena was issued. If objection has been made, the party serving the subpoena may, upon notice to the person commanded to produce, move at any time for an order to compel the production, inspection, copying, testing, or sampling. Such an order to compel shall protect any person who is not a party or an officer of a party from significant expense resulting from the inspection, copying, testing, or sampling commanded.

(3) (A) On timely motion, the court by which a subpoena was issued shall quash or modify the subpoena if it

(i) fails to allow reasonable time for compliance;

(ii) requires a person who is not a party or an officer of a party to travel to a place more than 100 miles from the place where that person resides, is employed or regularly transacts business in person, except that, subject to the provisions of clause (c)(3)(B)(iii) of this rule, such a person may in order to attend trial be commanded to travel from any such place within the state in which the trial is held;

(iii) requires disclosure of privileged or other protected matter and no exception or waiver applies; or

(iv) subjects a person to undue burden.

(B) If a subpoena

(i) requires disclosure of a trade secret or other confidential research, development, or commercial information, or

(ii) requires disclosure of an unretained expert's opinion or information not describing specific events or occurrences in dispute and resulting from the expert's study made not at the request of any party, or

(iii) requires a person who is not a party or an officer of a party to incur substantial expense to travel more than 100 miles to attend trial, the court may, to protect a person subject to or affected by the subpoena, quash or modify the subpoena or, if the party in whose behalf the subpoena is issued shows a substantial need for the testimony or material that cannot be otherwise met without undue hardship and assures that the person to whom the subpoena is addressed will be reasonably compensated, the court may order appearance or production only upon specified conditions.

(d) DUTIES IN RESPONDING TO SUBPOENA.

(1) (A) A person responding to a subpoena to produce documents shall produce them as they are kept in the usual course of business or shall organize and label them to correspond with the categories in the demand.

(B) If a subpoena does not specify the form or forms for producing electronically stored information, a person responding to a subpoena must produce the information in a form or forms in which the person ordinarily maintains it or in a form or forms that are reasonably usable.

(C) A person responding to a subpoena need not produce the same electronically stored information in more than one form.

(D) A person responding to a subpoena need not provide discovery of electronically stored information from sources that the person identifies as not reasonably accessible because of undue burden or cost. On motion to compel discovery or to quash, the person from whom discovery is sought must show that the information sought is not reasonably accessible because of undue burden or cost. If that showing is made, the court may nonetheless order discovery from such sources if the requesting party shows good cause, considering the limitations of Rule 26(b)(2)(C). The court may specify conditions for the discovery.

(2) (A) When information subject to a subpoena is withheld on a claim that it is privileged or subject to protection as trial-preparation materials, the claim shall be made expressly and shall be supported by a description of the nature of the documents, communications, or things not produced that is sufficient to enable the demanding party to contest the claim.

(B) If information is produced in response to a subpoena that is subject to a claim of privilege or of protection as trial-preparation material, the person making the claim may notify any party that received the information of the claim and the basis for it. After being notified, a party must promptly return, sequester, or destroy the specified information and any copies it has and may not use or disclose the information until the claim is resolved. A receiving party may promptly present the information to the court under seal for a determination of the claim. If the receiving party disclosed the information before being notified, it must take reasonable steps to retrieve it. The person who produced the information must preserve the information until the claim is resolved.

(e) CONTEMPT. Failure of any person without adequate excuse to obey a subpoena served upon that person may be deemed a contempt of the court from which the subpoena issued. An adequate cause for failure to obey exists when a subpoena purports to require a nonparty to attend or produce at a place not within the limits provided by clause (ii) of subparagraph (c)(3)(A).

Exhibit B

UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF MASSACHUSETTS

NEW ENGLAND CARPENTERS HEALTH BENEFITS FUND; PIRELLI ARMSTRONG RETIREE MEDICAL BENEFITS TRUST; TEAMSTERS HEALTH & WELFARE FUND OF PHILADELPHIA AND VICINITY; PHILADELPHIA FEDERATION OF TEACHERS HEALTH AND WELFARE FUND; DISTRICT COUNCIL 37, AFSCME - HEALTH & SECURITY PLAN; JUNE SWAN; BERNARD GORTER; SHELLY CAMPBELL and CONSTANCE JORDAN,

Plaintiffs,

v.

FIRST DATABANK, INC., a Missouri corporation, and McKESSON CORPORATION, a Delaware corporation,

Defendants.

Civil Action: 1:05-CV-11148-PBS

Judge Patti B. Saris

MCKESSON CORPORATION'S RESPONSES AND OBJECTIONS TO PLAINTIFFS' REQUEST FOR PRODUCTION OF DOCUMENTS DATED JANUARY 22, 2008

Pursuant to Rules 26 and 34 of the Federal Rules of Civil Procedure, Defendant McKesson Corporation ("McKesson"), by its attorneys, Morrison & Foerster LLP, objects to and responds to Plaintiffs' Request for Production of Documents to McKesson, dated January 22, 2008 (the "Eighth Request for Production" or the "Requests"), as follows:

GENERAL OBJECTIONS

McKesson asserts the following general objections and responses to the Eighth Request for Production, which objections and responses are applicable to each document request and

incorporated therein. Any information provided in response to a request is made without waiver of, and subject to, these objections.

1. McKesson objects to each request to the extent it seeks documents that are outside the scope of discovery permitted under the Court's scheduling order regarding U&C claims, filed January 2, 2008 (the "Scheduling Order"). That Order explicitly states: "Except as otherwise ordered by the Court, discovery is allowed only as to new issues raised by the Usual & Customary Class in the Third Amended Complaint."

2. McKesson objects to the Definitions and Instructions to the extent they purport to broaden the definitions set forth in Local Rule 26.5(c), and to the extent they seek to create an obligation to provide information or documents in a manner not required by the Federal Rules of Civil Procedure, the Local Rules for the District of Massachusetts, or other applicable law.

3. McKesson objects to the definition of "Relevant Time Period" as overly broad and unduly burdensome to the extent it seeks information or documents for the time period prior to January 1, 2000.

4. McKesson objects to each request to the extent it requires the disclosure of information that would infringe upon the legitimate privacy rights and expectations of individuals who purchased prescription drugs, including rights arising under the Health Insurance Portability and Accountability Act ("HIPAA").

5. McKesson objects to each request to the extent it seeks the production of the proprietary information of third parties or of information that is subject to confidentiality or other contractual obligations to third parties that prohibit or restrict McKesson's disclosure of such information. McKesson further objects to each request to the extent it seeks proprietary, private business or personal information, or other confidential information, including information constituting or pertaining to trade secrets, personnel information, and/or competitively sensitive information. McKesson further objects to the production of any information or documents to the extent such production would be inconsistent with a confidentiality agreement, a protective order in another action or proceeding, or some other restriction on production.

6. McKesson objects to each request to the extent it seeks documents or information protected by the attorney-client privilege, work product doctrine, or any other applicable privilege, or by any constitutional, statutory, or regulatory proscription against disclosure. If any documents or information subject to a privilege, immunity, protection, or proscription are inadvertently disclosed by McKesson, such disclosure does not constitute a waiver of any privilege, immunity, protection, or proscription.

7. McKesson objects to each request to the extent it seeks information and/or documents that are publicly available or readily available to Plaintiffs. McKesson further objects to each request to the extent it seeks information and/or documents already produced to Plaintiffs in the case, *In re Pharmaceutical Industry Average Wholesale Price Litigation*, MDL-1456.

8. McKesson objects to the definition of "Third-Party Payor" as overly broad and vague and ambiguous in its use of the terms "Provider" and "program."

9. In accordance with Fed. R. Civ. P. 26, McKesson is undertaking a reasonable search of its files where responsive information and documents, if any exist, are likely to be found. A response by McKesson that it will produce information and/or documents in response to a particular request is not a representation that any information or documents responsive to that request exist, but only that such information and/or documents will be produced if they are located after McKesson conducts a reasonable search of those files that are likely to contain responsive information and/or documents. Further, a response that McKesson will produce responsive information and/or documents (or the production of any information and/or documents in response to a particular request) is not a representation that McKesson adopts, accepts, affirms, or admits the assertions, contentions, or definitions used or made in connection with the definitions, instructions, or requests. McKesson's investigation is continuing, and it reserves the right to amend, modify, or supplement its responses. By responding and providing documents, McKesson does not concede the relevance or materiality of the request or of the subject to which such request refers. McKesson's response is made expressly subject to, and without in any way waiving or intending to waive, any objections as to the competence,

relevance, materiality, privilege or admissibility as evidence or for any other purpose, of any of the information referred to or produced or of the responses given herein, or of the subject matter thereof.

RESPONSES

DOCUMENT REQUEST NO. 1:

All documents concerning the business of RelayHealth or any other division or department of McKesson or McKesson entity that processes or otherwise facilitates pharmacy claims for Third-Party Reimbursement for prescription drugs, including documents to explain McKesson's ProviderPay and AWP resubmission services and its ProPBM application.

RESPONSE TO DOCUMENT REQUEST NO. 1:

McKesson's general objections are incorporated by this reference. In addition, McKesson objects to this request as seeking discovery outside the scope of the Court's Scheduling Order, since it is not directed to "new issues raised by the Usual & Customary Class in the Third Amended Complaint." McKesson further objects to this request as overly broad and unduly burdensome to the extent it seeks the production of documents neither relevant to the claims or defenses of any party nor reasonably calculated to lead to the discovery of admissible evidence.

DOCUMENT REQUEST NO. 2:

All documents concerning pharmacy U&C prices for brand drugs, including without limitation, the RelayHealth database. This includes any documents analyzing or discussing how cash prices are set and/or the relationship between cash prices and U&C.

RESPONSE TO DOCUMENT REQUEST NO. 2:

McKesson's general objections are incorporated by this reference. In addition, McKesson objects to this request to the extent that it purports to demand production of the "RelayHealth database," on the grounds that the request seeks discovery outside the scope of the Court's Scheduling Order, seeks information protected by HIPAA and other privacy rights, is overbroad and unduly burdensome, and seeks confidential and proprietary information that is governed by contracts between RelayHealth and the third parties that supplied the data that

restrict the use and disclosure of such data. Subject to and without waiving these objections, McKesson states that it will produce mutually agreed upon U&C pricing data from the RelayHealth database, following contractually-required notice to the third parties that supplied the data and resolution of any objections interjected by those third parties. Any such production will be further subject to and conditioned on an agreement with plaintiffs to share the expense of data extraction, processing, and certification for HIPAA compliance.

DOCUMENT REQUEST NO. 3:

All documents concerning the business of Your Auto-Rx-Net service or any other McKesson affiliated service, program or application that assists pharmacies in setting their U&C prices.

RESPONSE TO DOCUMENT REQUEST NO. 3:

McKesson's general objections are incorporated by this reference. In addition, McKesson objects to this request as argumentative to the extent that it erroneously assumes that McKesson owns the Auto-Rx-Net service. McKesson further objects to this request as overly broad and unduly burdensome to the extent that it seeks the production of documents neither relevant to the claims or defenses of any party nor reasonably calculated to lead to the discovery of admissible evidence. McKesson further objects to this request as vague and ambiguous. Subject to and without waiving these objections, McKesson states that it will produce non-privileged documents that it identifies after a reasonably diligent search concerning the functionality of the Auto-Rx-Net product sold by Rx-Net or the functionality of any software product sold by McKesson to the extent that such product can be used by pharmacies in setting U&C prices.

DOCUMENT REQUEST NO. 4:

All documents concerning the design; [sic] implementation or maintenance of Your Auto-Rx-Net service, including all communications with Your partner Rx-Net, Inc. regarding the same.

RESPONSE TO DOCUMENT REQUEST NO. 4:

McKesson's general objections are incorporated by this reference. In addition, McKesson objects to this request as argumentative to the extent that it erroneously assumes that McKesson owns the Auto-Rx-Net service. McKesson further objects to this request as overly broad and unduly burdensome to the extent that it seeks the production of documents neither relevant to the claims or defenses of any party nor reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving these objections, McKesson states that it will produce non-privileged documents that it identifies after a reasonably diligent search concerning communications with Rx-Net regarding the Auto-Rx-Net product.

DOCUMENT REQUEST NO. 5:

All documents concerning the correlation between U&C prices and AWP; [sic] wholesaler list prices and/or Third-Party Reimbursement amounts for brand drugs, including all communications with Your partner Rx-Net, Inc. regarding the same.

RESPONSE TO DOCUMENT REQUEST NO. 5:

McKesson's general objections are incorporated by this reference. In addition, McKesson objects to this request as vague, ambiguous, and unintelligible as written. McKesson further objects to this request as vague and ambiguous in its use of the word "correlation." McKesson further objects to this request as overly broad and unduly burdensome to the extent that it seeks the production of documents neither relevant to the claims or defenses of any party nor reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving these objections, McKesson states that it will produce non-privileged documents that it identifies after a reasonably diligent search concerning communications with Rx-Net regarding any relationship between U&C prices and AWP, wholesaler list prices, and/or Third-Party Reimbursements for brand name prescription drugs.

DOCUMENT REQUEST NO. 6:

All communications between McKesson and/or Morrison and Foerster regarding this litigation, and any third party or trade association.

RESPONSE TO DOCUMENT REQUEST NO. 6:

McKesson's general objections are incorporated by this reference. In addition, McKesson objects to this request as unintelligible as written. McKesson further objects to this request as seeking discovery outside the scope of the Court's Scheduling Order, since it is not directed to "new issues raised by the Usual & Customary Class in the Third Amended Complaint." McKesson further objects to this request to the extent it seeks the production of communications between McKesson and its legal counsel that are protected by the attorney-client privilege and the work product doctrine.

McKesson Corporation
By its attorneys:

/s/ Paul Flum
Paul Flum

Melvin R. Goldman (*pro hac vice*)
Lori A. Schechter (*pro hac vice*)
Paul Flum (*pro hac vice)*
Tiffany Cheung (*pro hac vice*)
Morrison & Foerster LLP
425 Market Street
San Francisco, CA 94105-2482
Telephone: (415) 268-7000
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PaulFlum@mofo.com

John Kiernan
Stephen E. Hughes
Bonner Kiernan Trebach & Crociata
200 Portland Street
Suite 400
Boston, MA 02114
Telephone: (617) 426-3900
Facsimile: (617) 426-0380

Dated: February 21, 2008

CERTIFICATE OF SERVICE

I certify that a true copy of this document was served on February 21, 2008 as follows:

Via E-mail

Steve W. Berman Barbara Mahoney Carrie Flexer steve@hbsslaw.com barbaram@hbsslaw.com Carrie@hbsslaw.com *Counsel for Plaintiffs*	Sheila Birnbaum Thomas Fox John Kern Matthew Matule Mark Redman sbirnbau@skadden.com tfox@skadden.com jkern@manatt.com mmatule@skadden.com mredman@hearst.com *Counsel for First DataBank*

/s/ Paul Flum
Paul Flum

Exhibit C

From: Flum, Paul
Sent: Tuesday, March 04, 2008 6:11 PM
To: 'Barbara Mahoney'
Cc: Steve Berman; Nick Styant-Browne; Jon Soderlund; Calia, Kevin
Subject: RE: discovery conference

Barbara,

I have a few points of clarification regarding your summary of our call yesterday.

1. (Request No. 2) Although RelayHealth subscribers submit data using standard NCPDP fields, I advised you that not all of the fields in the RelayHealth database are populated. That is because not all fields are included in subscribers' submissions. As as result, the RelayHealth database does not have "all of" the NCPDP fields, as stated in your email. I will let you know if any of the fields you identify in response to our call are not populated in the database.

2. (Request No. 2) Your email states that "McKesson is willing to negotiate" with the large retail pharmacies that are the source for approximately 90% of the pricing data in the RelayHealth database to allow McKesson to produce their data. To be clear, I did not refer to a "negotiation." What I said was that McKesson would provide the notice that is required by contract to these large retail pharmacies, which is a necessary condition before the data can be produced.

3. (Request Nos. 3-5) Your email states that I represented that I am not aware "of any part of McKesson's business that dealt with U&C pricing." This is similar to what I said during our call, but, to avoid any ambiguity, I reiterate my comments from yesterday: U&C pricing is not McKesson's business and I would not know where else to look for responsive documents beyond the documents that McKesson has agreed to produce (*i.e.*, communications with Rx-Net regarding the Auto-Rx-Net product and documents regarding the functionality of the Auto-Rx-Net product). As your email correctly states, I told you that I am not aware of any other documents maintained by McKesson concerning a purported correlation between U&C prices and AWP, wholesaler list, or third party reimbursements.

As to your question about timing, we will be in a better position to provide a time estimate after we agree on which fields will be extracted from the RelayHealth database.

Paul

From: Barbara Mahoney [mailto:barbaram@hbsslaw.com]
Sent: March 04, 2008 9:52 AM
To: Flum, Paul
Cc: Steve Berman; Nick Styant-Browne; Jon Soderlund
Subject: discovery conference

Paul,
As a result of our conference this afternoon we were able to resolve or at least clarify the concerns we had with your responses and objections to our discovery requests. The following summarizes our understanding of the discussion and the points on which we were able to reach agreement:

Regarding our Request No. 1, you agreed to produce documents describing the general nature of RelayHealth's switching business. We also asked for documents that explain how RelayHelath has U&C data. You represented that you did not believe that there such documents exist, but you would make a reasonable effort to verify this and produce them if they do exist.

With respect to Request No. 2, you represented that RelayHealth is the only switching business that McKesson owns and therefore your response would be limited to RelayHealth's database. You further represented that the RelayHealth database has all of the NCPDP fields and suggested that we confer with our expert to determine which fields would be most useful, e.g. NDC; pharmacy; date of dispensing; etc. You also advised us that the database is quite large and that the cost and the amount of time involved in producing this data would increase relative to the number of fields that we chose. You additionally stated that you would not be able to produce the RelayHealth database itself due to both the HIPPA requirements as well as the size of the database. Additionally, HIPPA requirements would also necessitate in some instances an aggregation of information, whenever it necessary to protect against disclosure of the identity of the patient based on the purchase information, e.g. in the case of a rarely dispensed NDC. In such casesit was your understanding that McKesson would protect the patient's identity by aggregating the data, for example, by the week or month or by zipcode, as needed. Additionally, you stated that the sources of 90% of RelayHealth's pricing data are from a few dozen of the top retail chains in the country. You represented that McKesson is willing to negotiate with these large chains to allow it to produce their data. However, the remaining 10% of the data comes from thousands of mostly independent pharmacies. In some instances RelayHealth's contract with these pharmacies does not require that it provide them with prior notice if it is producing their data. Where this is the case, you represented that McKesson would be able to provide this data. In other instances, where the pharmacies required prior notice, you represented that it would be too burdensome to negotiate with potentially hundreds or thousands of pharmacies and that you did not intend to include this data in your production.

With respect to Request Nos. 3-5, relating to the Auto-Rx service and documents correlating U&C prices to other prices. You represented that you will produce documents McKesson has pertaining to the Auto-Rx-servce, including communications with Rx-Net and documents pertaining to the function of the Auto-Rx service. You further represented that you were not aware of any part of McKesson's business that dealt with U&C pricing or that McKesson has any documents other than the above identified categories concerning the correlation between U&C prices and either AWP or wholesaler list prices or third-party reimbursement amounts.

With respect to Request No. 6, you objected that the request is not clearly stated and that to the extent that we requested communications with third parties or trade organizations about this litigation, it is outside the scope of the Court's order on U&C discovery.

Please let us know if your understanding of our discussion materially differs from this summary.

Finally, in light of the upcoming deadline to file our class cert brief, how soon would you be able to produce the documents?

Barbara

Exhibit D

From: Flum, Paul
Sent: Thursday, March 13, 2008 3:58 PM
To: Barbara Mahoney
Cc: Nick Styant-Browne
Subject: RE: New England Carpenters v. FDB

Attachments: NCPDP Data Dictionary.pdf

NCPDP Data Dictionary.pdf (9 M..

Barbara,

I look forward to receiving the U&C plaintiffs' documents that you are aiming to produce this week. As I mentioned, we need to see the documents before our call on Monday, so that we can evaluate the adequacy of plaintiffs' responses to interrogatory no. 1.

On the RelayHealth front, I've attached a list of the NCPDP field definitions that you requested. Because the fields that RelayHealth receives vary depending on the reporting requirements of the contracts between the pharmacies and the PBMs responsible for each particular transaction, some NCPDP fields are not populated in the database at all, while others are not populated on a consistent basis.

Given that variability, I'd like to make the following proposal. We have identified six fields that will give you reported U&C prices on a transaction level (and that do not appear to involve protected health information under HIPAA, such as patient name, address, date of birth, social security number, etc.). I've also confirmed that these six fields are populated in the RelayHealth database more than 98% of the time. The six fields are:

B1	D1_date_of_service	401-D1
B1	D7_product_service_id	407-D7
B1	DQ_usual_and_customary_charge	426-DQ
B1	E7_quantity_dispensed	442-E7
	Pharmacy ID (derived NABP)	Generated by RelayHealth
	Pharmacy ZIP	Generated by RelayHealth

We propose extracting and producing these six fields, which will permit calculation of reported U&C prices at the individual prescription level. While we expect that the vast majority of these data will be produced transaction by transaction, it is possible that individual transactions for infrequently prescribed drugs might need to be aggregated for HIPAA compliance purposes.

Assuming plaintiffs agree to this approach, we will also need to agree on the list of NDCs to be included in the data pull. Once we've worked out these details, I will have RelayHealth generate a cost estimate for the data extraction.

Please let me know how you'd like to proceed.

Paul

From: Barbara Mahoney [mailto:barbaram@hbsslaw.com]
Sent: March 10, 2008 2:45 PM
To: Flum, Paul
Cc: Nick Styant-Browne
Subject: RE: New England Carpenters v. FDB

Paul,
We are working diligently with our clients to obtain responsive documents and aim to produce them this week.

With respect to the RelayHealth data could you please send a list of available fields and if possible, field definitions? Our expert is generally familiar with the NCPDP fields but would need to know more specifics before making an informed decision.

Barbara

From: Flum, Paul [mailto:PaulFlum@mofo.com]
Sent: Monday, March 10, 2008 12:29 PM
To: Barbara Mahoney
Cc: Nick Styant-Browne
Subject: RE: New England Carpenters v. FDB

Let's do the call at 2 p.m., Monday, March 17. We'll call you.

Also, since you are relying on FRCP 33(d) in your response to Interrogatory No. 1, we will need to see the documents that you assert contain the responsive information to be able to evaluate the adequacy of plaintiffs' response. Please produce those documents this week.

Paul

From: Barbara Mahoney [mailto:barbaram@hbsslaw.com]
Sent: March 10, 2008 9:49 AM
To: Flum, Paul
Cc: Nick Styant-Browne
Subject: RE: New England Carpenters v. FDB

Paul,
We are available anytime next Monday or Tuesday (3.17 or 3.18).

Barbara

From: Flum, Paul [mailto:PaulFlum@mofo.com]
Sent: Friday, March 07, 2008 5:36 PM
To: Barbara Mahoney
Subject: New England Carpenters v. FDB

Barbara,

What days are you available next week to meet and confer about plaintiffs' interrogatory responses and responses to McKesson requests for production of documents?

Paul

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For information about this legend, go to
http://www.mofo.com/Circular230.html

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Exhibit E
Part 1

DATA DICTIONARY

This document provides the data element definitions that have been defined and approved by the Maintenance and Control Work Group. The definitions support the various file and telecommunications formats that have been approved by the NCPDP membership.

September, 1999

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NCPDP

DATA DICTIONARY

Published by:
National Council for Prescription Drug Programs

June 1999
August 1999
September 1999

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NCPDP recognizes the confidentiality of certain information exchanged electronically through the use of its standards. Users should be familiar with the federal, state, and local laws, regulations and codes requiring confidentiality of this information and should utilize the standards accordingly.

TABLE OF CONTENTS

I. INTRODUCTION

Presented in this document are the data element definitions that have been defined and approved by the Maintenance and Control (MC) Work Group of the National Council for Prescription Drug Programs (NCPDP). The definitions support the various file and telecommunication formats that have been approved by the NCPDP membership.

The data element definitions should be used by all persons who want to know when, where and how specific data elements are used in the approved file formats. If you are unable to locate a data element refer to Appendix C - Old Field Name Cross Reference or Appendix D - New Field Name Cross Reference. The Comments/Examples column provides the Segment(s) in which the data elements appear for the Telecommunication Standard Version 5.

Various appendices provide lists of reject (and adjustment) codes and standard abbreviations for state codes. In addition, a cross reference for Field Name changes has been provided.

NOTE: APPENDIX M – VERSION MODIFICATIONS PROVIDES A LISTING OF ALL APPROVED CHANGES FOR ALL STANDARDS. THE UPDATES INCLUDE ALL MODIFICATIONS MADE SINCE THE LAST QUARTERLY PUBLICATION OF THE DATA DICTIONARY AND APPEAR IN BOLD PRINT.

Changes or additions to the NCPDP Data Dictionary Data Element Definitions should be submitted on a Data Element Request Form (DERF). The process for submitting, reviewing, approving and implementing data element changes is described in this document. For a copy of the most current DERF form please contact the Council office. Refer to the DERF for instructions on completing and submitting the form.

The MC Maintenance and Control Work Group meets quarterly at the Joint Technical Work Group Meetings to consider requests for the addition and/or modification of data elements. Additions and modifications that have been approved by the membership at large will be published quarterly. NCPDP pledges its commitment to maintain, modify, enhance and disseminate information pertaining to the Data Dictionary consistent with the goals of the organization and its membership.

STANDARD FORMATS KEY (THROUGHOUT DOCUMENT)

B	=	Batch Standard	T	=	Telecommunication
C	=	Claims Billing Tape Format	M	=	Member Enrollment
D	=	Diskette Billing Format	R	=	Manufacturer Rebate
F	=	Prior Authorization	U	=	Universal Direct Reimbursement Claim Form
P	=	Claim Payment Tape Format			

FIELD FORMAT VALUES

The following field format values are supported.

"N" = Unsigned Numeric, always right justified, zero filled and when used for dollar fields, have default values of *zeros.*

Example: 9(7)v999 represents 9999999999

"D" = Signed Numeric, sign is internal and trailing (see section ***Internal Representation of Overpunch Signs***), zero always positive, always right justified, zero filled dollar-cents amount with 2 positions to the right of the implied decimal point, all other positions to the left of the implied decimal point and when used for dollar fields, have default values of *zeros.*

Example: "D" fields of length 8 represent $$$$$$cc

"A/N" = Alpha/Numeric, upper case when alpha, always left justified, space filled, upper case, printable characters and default values of *spaces*

Example: x14 represents "1234ABC44*bbbbb*"

"NX" = Numeric Extended, are always right justified and zero filled, with the right most position reserved for the sign. The field must be blank when not reported. The symbol "b" indicates a "blank" or a "positive" value. The symbol "-" indicates a negative value. Zeros represent a valid numeric value and do not mean "null". All decimals are implied not explicit.

Example: 9999v99- represents a negative 9999.99
9999v99b represents a positive 9999.99

There are certain data fields that allow an explicit decimal point in the Alpha/Numeric representation. See ***Implementation Guide*** for decimal discussion for specific data elements.

INTERNAL REPRESENTATION OF OVERPUNCH SIGNS

UNITS		SIGNED POSITIVE			SIGNED NEGATIVE			
Digit	Graphics	Oct	Dec	Hex	Graphics	Oct	Dec	Hex
Ø	{	173	123	7B	}	175	125	7D
1	A	1Ø1	65	41	J	112	74	4A
2	B	1Ø2	66	42	K	113	75	4B
3	C	1Ø3	67	43	L	114	76	4C
4	D	1Ø4	68	44	M	115	77	4D
5	E	1Ø5	69	45	N	116	78	4E
6	F	1Ø6	7Ø	46	O	117	79	4F
7	G	1Ø7	71	47	P	12Ø	8Ø	5Ø
8	H	11Ø	72	48	Q	121	81	51
9	I	111	73	49	R	122	82	52

NOTE: If you are not implementing Telecommunication Version 5.Ø or higher, please refer to the appropriate data dictionary version to ensure the appropriate field length and definitions are applied.

Any questions regarding the content or the intent of the information presented herein should be addressed to the Council office:

National Council for Prescription Drug Programs
42Ø1 North 24th Street, Suite 365
Phoenix, AZ 85Ø16-6268
Phone (6Ø2) 957-91Ø5
Fax (6Ø2) 955-Ø749
Email ncpdp@ncpdp.org

II. DATA ELEMENTS

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
512-FC	Accumulated Deductible Amount	Amount in dollars met by the patient/family in a deductible plan.	s9(6)v99	T	8		Format=s$$$$$$cc Examples: The deductible amount on the patient's plan is $1ØØ.ØØ. The patient purchases two prescriptions, one for $15.ØØ and another for $35.ØØ. The accumulated deductible at that point would be $5Ø.ØØ. This field would reflect: 5ØØ{. RESPONSE PRICING SEGMENT.
711	Action Code	Processing action requested.	x(1)	M	1	A=Add C=Change R=Reinstate T=Terminate P=Purge Add - Member is being added as new member to the group and/or processor control number. If the member was previously in a different group and changes to a new one, this would be an add with a new effective date. Change - One or more data elements for the member within the group is changing. This does not include changes to eligibility dates which are reinstating or terminating the member. Reinstate - The member, within the group, was previously terminated. This transaction makes the member eligible again. Terminate - The last day of coverage for the member, within the group. If the member is changing groups, the records are provided: (1) Terminate in previous group (2) Add in new group with or without lapse in coverage Purge - Record is erroneous, remove from file. Not to be used to terminate. Only to be used to remove incorrect records.	

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
526-FQ	Additional Message Information	Free text message.	x(1)-x(2ØØ)	T	2ØØ		Comments: The maximum length of field is 2ØØ characters. This field can be used as an extension of data field 5Ø4. RESPONSE STATUS SEGMENT.
726	Address Line 1	First line of address information.	x(3Ø)	M,R	3Ø		Comments: First line of street address of member. May be only line of address.
727	Address Line 2	Second line of address information.	x(3Ø)	M,R	3Ø		Comments: Second line of street address of member. Used only if first line will not accommodate a complete address.
6ØØ-57	Adjudicator ID Code	Code identifying the adjudicator.	x(17)	R	17		
6ØØ-58	Adjudicator ID Qualifier	Identifies the type of code being submitted in the Adjudicator ID Code field.	x(1)	R	1	C=Contracting Organization (PMO) assigned ID number D=DEA Number F=Federal Tax ID Number H=HIBCC HIN M=Manufacturer (PICO) assigned ID number P=National Provider ID (NPI) T=Telephone number Z=Mutually agreed upon number	
6ØØ-59	Adjudicator Name	The name of the adjudicator.	x(3Ø)	R	3Ø		
8Ø1-5A	Adjustment/Reject Code-1	This code indicates the reason for adjustment or reject.	x(2)	P	2	See Appendix G,H,I - Reject Code Listing	
8Ø2-1A	Adjustment/Reject Code-2	This code indicates the reason for adjustment or reject.	x(2)	P	2	See Appendix G,H,I - Reject Code Listing	
8Ø3-1B	Adjustment/Reject Code-3	This code indicates the reason for adjustment or reject.	x(2)	P	2	See Appendix G,H,I - Reject Code Listing	
33Ø-CW	Alternate ID	Person identifier to be used for controlled product reporting. Identifier may be that of the patient or the person picking up the prescription as required by the governing body.	x(2Ø)	T	2Ø		REQUEST CLAIM SEGMENT.
723	Alternate ID Code	Indicates type of alternate ID.	x(1)	M	1	S=Survivor X=Cross Reference	Comments: Identifies surviving spouse/dependent, or cross references Cardholder ID Number.

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
724	Alternate ID Number	Alternate ID number assigned to the cardholder or family member.	x(18)	M	18		Comments: Alternate ID number identifying member.
725	Alternate Person Code	Alternate person code assigned to family members.	x(3)	M	3		
872-3Z	Amount Adjusted	The new amount that has been attributed to a claim after an adjustment has been processed.	s9(4)v99	P	6		Format=s$$$$cc
517-FH	Amount Applied To Periodic Deductible	Amount to be collected from a patient that is included in 'Patient Pay Amount' (5Ø5-F5) that is applied to a periodic deductible.	s9(6)v99	T	8		Format=s$$$$$$cc Examples: A patient has a $5Ø.ØØ deductible to meet. The patient's first prescription costs $95.ØØ. The amount applied to the periodic deductible would reflect $5Ø.ØØ. This field would reflect: 5ØØ{. A patient has a $1ØØ.ØØ deductible to meet. The patient has previously met $8Ø.ØØ of the deductible. The next prescription purchased costs $42.ØØ The amount applied to the periodic deductible would reflect $2Ø.ØØ. This field would reflect: 2ØØ{. RESPONSE PRICING SEGMENT.
519-FJ	Amount Attributed To Product Selection	Amount to be collected from the patient that is included in 'Patient Pay Amount' (5Ø5-F5) that is due to the patient's selection of drug product.	s9(6)v99	T	8		Format=s$$$$$$cc Examples: The patient chooses a brand drug instead of the generic. The plan design for the patient's benefit package requires that the patient must pay for the difference between the prescribed drug price and the preferred drug price. If the difference is $17.54, this field would reflect: 175D. RESPONSE PRICING SEGMENT.
523-FN	Amount Attributed To Sales Tax	Amount to be collected from the patient that is included in 'Patient Pay Amount' (5Ø5-F5) that is due to sales tax paid.	s9(6)v99	T	8		Format=s$$$$$$cc Examples: The patient may be required to pay some portion of the sales tax on a prescription. If the patient pays 1.5% of the sales tax on a $5Ø.ØØ prescription, this field would reflect: 7E. RESPONSE PRICING SEGMENT.

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
8Ø4-5B	Amount Billed	The submitted amount billed for each prescription.	s9(4)v99	C,D,P	6		Format=s$$$$cc
52Ø-FK	Amount Exceeding Periodic Benefit Maximum	Amount to be collected from the patient that is included in 'Patient Pay Amount' (5Ø5-F5) that is due to the patient exceeding a periodic benefit maximum.	s9(6)v99	T	8		Format=s$$$$$$cc Examples: The patient is allowed a specific benefit amount. When the maximum benefit amount is exceeded, the remainder of the prescription price is added to the amount the patient pays in field 5Ø5-F5. If the amount exceeded is $32.56, this field would reflect: 325F. RESPONSE PRICING SEGMENT.
518-FI	Amount Of Copay/ Coinsurance	Amount to be collected from the patient that is included in 'Patient Pay Amount' (5Ø5-F5) that is due to a per prescription copay/coinsurance.	s9(6)v99	T	8		Format=s$$$$$$cc Examples: If the patient's copay is $5.ØØ, but they have also met a deductible in the same transaction, this field may not be the same as the amount in field 5Ø5-F5. This field would reflect: 5Ø{. RESPONSE PRICING SEGMENT.
876-FB	Amount Paid	The amount paid on the claim.	s9(4)v99	P	6		Format=s$$$$cc
8Ø5-1C	Amount Rejected	Amount rejected by processor for prescription.	s9(4)v99	P	6		Format=s$$$$cc
548-6F	Approved Message Code	Message code, on an approved claim/service, communicating the need for an additional follow-up.	x(3)	T	3	Blank=Not Specified ØØ1=Generic Available ØØ2=Non-Formulary Drug ØØ3=Maintenance Drug	RESPONSE STATUS SEGMENT.
547-5F	Approved Message Code Count	Count of the 'Approved Message Code' (548-6F) occurrences.	9(1)	T	1		RESPONSE STATUS SEGMENT.
457-EP	Associated Prescription/ Service Date	Date of the Associated Prescription/Service Reference Number.	9(8)	T	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day REQUEST CLAIM SEGMENT.

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
456-EN	Associated Prescription/ Service Reference Number	Related 'Prescription/Service Reference Number' (4Ø2-D2) to which the service is associated.	9(7)	T	7		REQUEST CLAIM SEGMENT.
5Ø3-F3	Authorization Number	Number assigned by the processor to identify an authorized transaction.	x(2Ø)	F,T	2Ø		REQUEST PRIOR AUTHORIZATION SEGMENT. RESPONSE STATUS SEGMENT.
498-PH	Authorized Representative City Address	Free-form text for city name.	x(2Ø)	F,T	2Ø		Comments: Required by some plans to capture this information, if applicable. REQUEST PRIOR AUTHORIZATION SEGMENT.
498-PE	Authorized Representative First Name	First name of the patient's authorized representative.	x(12)	F,T	12		Comments: Required by some plans to capture this information, if applicable. REQUEST PRIOR AUTHORIZATION SEGMENT.
498-PF	Authorized Representative Last Name	Last name of the patient's authorized representative.	x(15)	F,T	15		Comments: Required by some plans to capture this information, if applicable. REQUEST PRIOR AUTHORIZATION SEGMENT.
498-PJ	Authorized Representative State/Province Address	Standard State/Province code as defined by appropriate government agency.	x(2)	F,T	2	See Appendix L - United States and Canadian Province Postal Service Abbreviations	Comments: Required by some plans to capture this information, if applicable. REQUEST PRIOR AUTHORIZATION SEGMENT.
498-PG	Authorized Representative Street Address	Free-form text for address information.	x(3Ø)	F,T	3Ø		Comments: Required by some plans to capture this information, if applicable. REQUEST PRIOR AUTHORIZATION SEGMENT.
498-PK	Authorized Representative Zip/Postal Zone	Code defining international postal zone excluding punctuation and blanks (zip code for US).	x(15)	F,T	15		Comments: Required by some plans to capture this information. This left-justified field contains the five-digit zip code, and may include the four-digit expanded zip code in which the patient's authorized representative is located. REQUEST PRIOR AUTHORIZATION SEGMENT.

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
347-HJ	Basis Of Calculation-Copay	Code indicating how the reimbursement amount was calculated for 'Patient Pay Amount'(5Ø5-F5).	x(2)	T	2	Blank=Not Specified ØØ=Not Specified Ø1=Quantity Dispensed Ø2=Quantity Intended To Be Dispensed Ø3=Usual & Customary/Prorated Ø4=Waived Due To Partial Fill 99=Other	RESPONSE PRICING SEGMENT.
346-HH	Basis Of Calculation-Dispensing Fee	Code indicating how the reimbursement amount was calculated for 'Dispensing Fee Paid' (5Ø7-F7).	x(2)	T	2	Blank=Not Specified ØØ=Not Specified Ø1=Quantity Dispensed Ø2=Quantity Intended To Be Dispensed Ø3=Usual & Customary/Prorated Ø4=Waived Due To Partial Fill 99=Other	RESPONSE PRICING SEGMENT.
348-HK	Basis Of Calculation-Flat Sales Tax	Code indicating how the reimbursement amount was calculated for 'Flat Sales Tax Amount Paid' (558-AW).	x(2)	T	2	Blank=Not Specified ØØ=Not Specified Ø1=Quantity Dispensed Ø2=Quantity Intended To Be Dispensed	RESPONSE PRICING SEGMENT.
349-HM	Basis Of Calculation-Percentage Sales Tax	Code indicating how the reimbursement amount was calculated for 'Percentage Sales Tax Amount Paid' (559-AX).	x(2)	T	2	Blank=Not Specified ØØ=Not Specified Ø1=Quantity Dispensed Ø2=Quantity Intended To Be Dispensed	RESPONSE PRICING SEGMENT.
423-DN	Basis Of Cost Determination	Code indicating the method by which 'Ingredient Cost Submitted' (Field 4Ø9-D9) was calculated.	x(2)	C,T	2	Blank=Not Specified ØØ=Not Specified Ø1=AWP (Average Wholesale Price) Ø2=Local Wholesaler Ø3=Direct Ø4=EAC (Estimated Acquisition Cost) Ø5=Acquisition Ø6=MAC (Maximum Allowable Cost) Ø7=Usual & Customary Ø9=Other	REQUEST PRICING SEGMENT.
432-DW	Basis Of Days Supply Determination	Code indicating the method by which the days supply was determined.	9(1)	C,D,P	1	Ø=Not specified 1=Explicit directions 2=PRN directions (take as needed pharmacist estimate) 3=As directed by physician	

DATA DICTIONARY

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
522-FM	Basis Of Reimbursement Determination	Code identifying how the reimbursement amount was calculated for 'Ingredient Cost Paid' (5Ø6-F6).	9(2)	T	2	Ø=Not Specified 1=Ingredient Cost Paid as Submitted 2=Ingredient Cost Reduced to AWP Pricing 3=Ingredient Cost Reduced to AWP Less X% Pricing 4=Usual & Customary Paid as Submitted 5=Paid Lower of Ingredient Cost Plus Fees Versus Usual & Customary 6=MAC Pricing Ingredient Cost Paid 7=MAC Pricing Ingredient Cost Reduced to MAC 8=Contract Pricing 9=Acquisition Pricing	RESPONSE PRICING SEGMENT.
498-PD	Basis Of Request	Code describing the reason for prior authorization request.	x(2)	F,T	2	ME=Medical Exception PR=Plan Requirement PL=Increase Plan Limitation	Comments: Used by processor to determine appropriate modules and editing for the prior authorization transaction. REQUEST PRIOR AUTHORIZATION SEGMENT.
8Ø6-5C	Batch Number	This number is assigned by the processor/sender.	9(5)	B,C,D,P	5		Format=YYDDD YY=Year DDD=Julian date Examples: 92252=Sept. 8, 1992
1Ø1-A1	BIN Number	Card Issuer ID or Bank ID Number used for network routing.	9(6)	T	6		Comments: Each processor will need to have a BIN assigned by: American National Standards Institute 11 West 42nd Street New York, NY 1ØØ36 (212) 642-49ØØ REQUEST REQUIRED TRANSACTION SEGMENT.
6ØØ-6Ø	Branded Generic Co-Pay Confidential	Indicates whether or not the branded generic co-pay is confidential; does not imply that the branded or generic product co-pay amount fields are reported.	x(1)	R	1	N=No Y=Yes	
6ØØ-61	Branded Product Co-Pay Amount	The amount of the co-pay for the branded product.	9(3)v99*b* or 9(3)v99-	R	6		Format=999v99*b* or 999v99- Note: *b* = Space - = Negative sign

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
6ØØ-62	Calculation Multiplier	Represents an actuarial multiplier that a PMO may use to determine the contracting organization (PMO) total lives covered.	9(3)v99*b* or 9(3)v99-	R	6		Format=999v99*b* or 999v99- Note: *b* = Space - = Negative sign
741	Cardholder Coverage Indicator	Identifying if the cardholder is covered for Rx benefit.	x(1)	M	1	N=No Y=Yes	
312-CC	Cardholder First Name	Individual first name.	x(12)	C,D,T	12		Examples: John REQUEST INSURANCE SEGMENT.
3Ø2-C2	Cardholder ID	Insurance ID assigned to the cardholder.	x(2Ø)	C,D,M,T	2Ø		REQUEST INSURANCE SEGMENT.
313-CD	Cardholder Last Name	Individual last name.	x(15)	C,D,T	15		Examples: Smith REQUEST INSURANCE SEGMENT.
8Ø7-1D	Carrier Address	Address of the carrier.	x(25)	P	25		
8Ø8-1E	Carrier Correction Notice Fields	On the payment tape format, this field represents items 45A-45E.	9(3Ø)	P	3Ø		
327-CR	Carrier ID	Carrier code assigned in Worker's Compensation Program.	x(1Ø)	T	1Ø		REQUEST WORKER'S COMPENSATION SEGMENT.
8Ø9-1F	Carrier Location City	This field identifies the name of the city in which the carrier is located.	x(18)	P	18		
81Ø-1G	Carrier Location State	State of the carrier.	x(2)	P	2	See Appendix L - United States and Canadian Province Postal Service Abbreviations	
811-1H	Carrier Name	Name of the carrier.	x(25)	P	25		
812-1I	Carrier Telephone Number	Telephone number of the carrier.	9(1Ø)	P	1Ø		Format=AAAEEENNNN AAA=Area Code EEE=Exchange Code NNNN=Number
813-1J	Carrier Zip Code	Zip code of the carrier, expanded.	x(9)	P	9		Comments: This left-justified field contains the five-digit zip code, and may include the four-digit expanded zip code in which the carrier is located.

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
6ØØ-63	Change Date	Identifies the date the change is effective.	9(8)	R	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day
6ØØ-64	Change Identifier	Identifies type of change being made.	x(1)	R	1	A=Addition C=Change D=Delete R=Replace	
728	City	City in which member resides.	x(2Ø)	M,R	2Ø		
814-5Ø	Claim Count	Total number of claims in the batch.	9(5)	C,D,P	5		Comments: This field is used for tape or diskette submission of claims.
435-DZ	Claim/Reference ID	Identifies the claim number assigned by Worker's Compensation Program.	x(3Ø)	T	3Ø		REQUEST WORKER'S COMPENSATION SEGMENT.
6ØØ-Ø1	Client ID Code	Code identifying the client/location/unit of the contracting organization (PMO).	x(17)	R	17		
6ØØ-Ø2	Client ID Code Qualifier	Code designating the system/method of code structure used for the Client ID Code.	x(2)	R	2	Refer to Manufacturer Rebate Standard Version 1.Ø and X12 Implementation Guide for values.	
422-DM	Clinic ID Number	ID assigned to patient's clinic/host plan.	9(5)	C,D,P	5		Comments: Used by Blue Cross/Blue Shield.
493-XE	Clinical Information Counter	Counter number of clinical information measurement set/logical grouping.	9(1)	T	1		Comments: Fields in the logical set/grouping may include: 'Measurement Date'(494-ZE) 'Measurement Time'(495-H1) 'Measurement Dimension' (496-H2) 'Measurement Unit'(497-H3) 'Measurement Value'(499-H4) REQUEST CLINICAL SEGMENT.
528-FS	Clinical Significance Code	Code identifying the significance or severity level of a clinical event as contained in the originating data base.	x(1)	T	1	Blank=Not Specified 1=Major 2=Moderate 3=Minor	RESPONSE DUR/PPS SEGMENT.

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
815-1K	Comments-1	Free format for instructions/ communications.	x(52)	P	52		Comments: Used in pharmacy batch control record.
816-1L	Comments-2	Free format for instructions/ communications.	x(298)	C	298		Comments: Used in tape batch control record.
4Ø6-D6	Compound Code	Code indicating whether or not the prescription is a compound.	9(1)	C,D,P,T	1	Ø=Not Specified 1=Not a Compound 2=Compound	REQUEST CLAIM SEGMENT.
451-EG	Compound Dispensing Unit Form Indicator	NCPDP standard product billing codes.	9(1)	T	1	1=Each 2=Grams 3=Milliliters	REQUEST COMPOUND SEGMENT.
45Ø-EF	Compound Dosage Form Description Code	Dosage form of the complete compound mixture.	x(2)	T	2	Blank=Not Specified Ø1=Capsule Ø2=Ointment Ø3=Cream Ø4=Suppository Ø5=Powder Ø6=Emulsion Ø7=Liquid 1Ø=Tablet 11=Solution 12=Suspension 13=Lotion 14=Shampoo 15=Elixir 16=Syrup 17=Lozenge 18=Enema	REQUEST COMPOUND SEGMENT.
49Ø-UE	Compound Ingredient Basis of Cost Determination	Code indicating the method by which the drug cost of an ingredient used in a compound was calculated.	x(2)	T	2	Blank=Not Specified Ø1=AWP (Average Wholesale Price) Ø2=Local Wholesaler Ø3=Direct Ø4=EAC (Estimated Acquisition Cost) Ø5=Acquisition Ø6=MAC (Maximum Allowable Cost) Ø7=Usual & Customary Ø9=Other	REQUEST COMPOUND SEGMENT.
447-EC	Compound Ingredient Component Count	Count of compound product IDs (both active and inactive) in the compound mixture submitted.	9(2)	T	2		REQUEST COMPOUND SEGMENT.

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
449-EE	Compound Ingredient Drug Cost	Ingredient cost for the metric decimal quantity of the product included in the compound mixture indicated in 'Compound Ingredient Quantity' (Field 448-ED).	s9(6)v99	T	8		Format=s$$$$$$cc REQUEST COMPOUND SEGMENT.
448-ED	Compound Ingredient Quantity	Amount expressed in metric decimal units of the product included in the compound mixture.	9(7)v999	T	1Ø		Format=9999999.999 REQUEST COMPOUND SEGMENT.
489-TE	Compound Product ID	Product identification of an ingredient used in a compound.	x(19)	T	19		Comments: Qualified by 'Compound Product ID Qualifier' (488-RE). REQUEST COMPOUND SEGMENT.
488-RE	Compound Product ID Qualifier	Code qualifying the type of product dispensed.	x(2)	T	2	See Appendix K - Product/Service Qualifier	Comments: Qualifies 'Compound Product ID' (489-TE). REQUEST COMPOUND SEGMENT.
452-EH	Compound Route of Administration	Code for the route of administration of the complete compound mixture.	9(2)	T	2	Ø=Not Specified 1=Buccal 2=Dental 3=Inhalation 4=Injection 5=Intraperitoneal 6=Irrigation 7=Mouth/Throat 8=Mucous Membrane 9=Nasal 1Ø=Ophthalmic 11=Oral 12=Other/Miscellaneous 13=Otic 14=Perfusion 15=Rectal 16=Sublingual 17=Topical 18=Transdermal 19=Translingual 2Ø=Urethral 21=Vaginal 22=Enteral	REQUEST COMPOUND SEGMENT.
6ØØ-65	Contracting Organization (PMO) Contract Number	Contract number assigned by the contracting organization.	x(15)	R	15		

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
6ØØ-66	Contracting Organization (PMO) ID Code	ID code assigned by the contracting organization.	x(17)	R	17		
6ØØ-43	Contracting Organization (PMO) Name	The name of the contracting organization.	x(3Ø)	R	3Ø		
6ØØ-67	Contracting Organization (PMO) Total Lives Covered	The total number of lives (the sum of enrollees and dependents or the product of enrollees and calculation multiplier) covered by the contracting organization.	9(9)*b* or 9(9)-	R	1Ø		Format=999999999*b* or 999999999- Note *b* = space - = negative sign
337-4C	Coordination of Benefits/Other Payments Count	Count of other payment occurrences.	9(1)	T	1		Comments: Fields included in the set/logical grouping are: 'Other Payer Coverage Type' (338-5C) 'Other Payer ID Qualifier' (339-6C) 'Other Payer ID' (34Ø-7C) 'Other Payer Date' (443-E8) 'Other Payer Amount Paid' (431-DV) or if rejected 'Other Payer Reject Count' (471-5E) and 'Other Payer Reject Code' (472-6E) REQUEST COORDINATION OF BENEFITS/OTHER PAYMENTS SEGMENT.
817-5E	Co-Pay Amount	The co-pay amount represents the total amount to be collected from the patient (member) or customer at the time the prescription is filled.	s9(4)v99	C,D,P	6		Format=s$$$$cc
6Ø1-12	Cost Index Point High Value	Cost index point high value if range of cost index point values is used.	9(4)v99*b* or 9(4)v99-	R	7		Format=9999v99*b* or 9999v99- Note *b* = Space - = Negative sign
6Ø1-13	Cost Index Point Low Value	Cost index point low value if range of cost index point values is used.	9(4)v99*b* or 9(4)v99-	R	7		Format=9999v99*b* or 9999v99- Note *b* = Space - = Negative sign
731	Country Code	Government codes for foreign country.	x(4)	M	4		
486-ME	Coupon Number	Unique serial number assigned to the prescription coupons.	x(15)	T	15		REQUEST COUPON SEGMENT.

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
485-KE	Coupon Type	Code indicating the type of coupon being used.	x(2)	T	2	Blank=Not Specified Ø1=Price Discount Ø2=Free Product 99=Other	REQUEST COUPON SEGMENT.
487-NE	Coupon Value Amount	Value of the coupon.	s9(6)v99	T	8		Format=s$$$$$$vcc Examples: If the coupon value amount is $1Ø.ØØ, this field would reflect: 1ØØ{. REQUEST COUPON SEGMENT.
88Ø-K2	Creation Date	Date the file was created.	9(8)	B	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day
88Ø-K3	Creation Time	Time the file was created.	9(4)	B	4		Format: HHMM HH=Hour MM=Minute
7Ø3	Data Category	Identifies which types of enrollment transactions follow. only one type is permitted per enrollment file. Currently only member enrollment is supported.	x(1)	M	1	M=Member	
6Ø1-31	Data Level	The level of data being submitted.	x(2)	R	2	CI=Contracting organization pharmacy ID level CN=Contracting organization NDC level CP=Contracting organization prescription level CZ=Contracting organization pharmacy zip code level PI=Plan pharmacy ID level PN=Plan NDC level PP=Plan prescription level PZ=Plan pharmacy zip code level ZZ=Mutually agreed upon level	
6Ø1-32	Data Provider ID Code	Code assigned to identify the data provider.	x(17)	R	17		
6Ø1-33	Data Provider Name	Name of the data provider.	x(3Ø)	R	3Ø		

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
532-FW	Database Indicator	Code identifying the source of drug information used for DUR processing.	x(1)	T	1	Blank=Not Specified 1=First Databank 2=Medi-Span 3=Redbook 4=Processor Developed 5=Other	RESPONSE DUR/PPS SEGMENT.
3Ø4-C4	Date Of Birth	Date of birth of patient.	9(8)	C,D,M,T	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day Examples: If a patient was born on July 27, 197Ø, this field would reflect: 197ØØ727. REQUEST PATIENT SEGMENT.
434-DY	Date Of Injury	Date on which the injury occurred.	9(8)	T	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day Comments: This field is used primarily for Worker's Compensation Claims. Examples: If injury occurred on July 1, 1999, field would reflect: 1999Ø7Ø1. REQUEST WORKER'S COMPENSATION SEGMENT.
4Ø1-D1	Date Of Service	Identifies date the prescription was filled or professional service rendered.	9(8)	C,D,P,R,T	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day Examples: If the prescription was dispensed on April 22, 2ØØØ, this field would reflect 2ØØØØ422. REQUEST TRANSACTION HEADER SEGMENT. RESPONSE HEADER SEGMENT.

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
414-DE	Date Prescription Written	Date prescription was written.	9(8)	C,D,T	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day Examples: For a prescription written on August 1, 1999, field would reflect: 1999Ø8Ø1. REQUEST CLAIM SEGMENT.
4Ø5-D5	Days Supply	Estimated number of days the prescription will last.	9(3)	C,D,R,T	3		Examples: The prescription is estimated to last 3Ø days. This field would reflect: 3Ø. REQUEST CLAIM SEGMENT.
345-HG	Days Supply Intended To Be Dispensed	Days supply for metric decimal quantity of medication that would be dispensed on original dispensing if inventory were available. Used in association with a 'P' or 'C' in 'Dispensing Status' (343-HD).	9(3)	T	3		Comments: If sending this field, an assumption is made that 'Quantity Intended To Be Dispensed' (344-HF) is also sent. REQUEST CLAIM SEGMENT.
877-A1	Daytime Telephone Number	The daytime phone number of the patient.	9(1Ø)	U	1Ø		Format=AAAEEENNNN AAA=Area Code EEE=Exchange Code NNNN=Number
749	Dependent Adult Coverage Indicator	Identifying if dependent adults are covered for Rx benefit.	x(1)	M	1	N=No Y=Yes	
75Ø	Dependent Adult Covered Through Age	The age through which dependent adults are covered.	9(3)	M	3		Comments: Required if dependent adult coverage indicator = Y
743	Dependent Coverage Indicator	Identifying if dependents are covered for Rx benefit.	x(1)	M	1	N=No Y=Yes	
744	Dependent Covered Through Age	The age through which dependents are covered.	9(3)	M	3		Comments: Required if dependents covered = Yes
6ØØ-68	Dependents	Number of dependents covered by the contracting organization.	9(9)*b* or 9(9)-	R	1Ø		Format=999999999*b* or 999999999- Note *b* = Space - = Negative sign

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
818-5F	Destination Name	The destination name to whom the file is being sent.	x(15)	C,D,P	15		
819-5G	Destination Processor Number	The NCPDP processor number where the file is being sent.	9(1Ø)	C,D,P	1Ø		Comments: Number is assigned by NCPDP.
424-DO	Diagnosis Code	Code identifying the diagnosis of the patient.	x(15)	C,D,R,T	15		Comments: Qualified by a 'Diagnosis Code Qualifier' (492-WE). All decimal points are explicit. Examples: E93Ø.ØØ, 493., 716.9 REQUEST CLINICAL SEGMENT.
491-VE	Diagnosis Code Count	Count of diagnosis occurrences.	9(1)	T	1		Comments: Fields included in the set/logical grouping are: 'Diagnosis Code Qualifier' (492-WE) 'Diagnosis Code' (424-DO) REQUEST CLINICAL SEGMENT.
492-WE	Diagnosis Code Qualifier	Code qualifying the 'Diagnosis Code' (424-DO).	x(2)	T	2	Blank=Not Specified ØØ=Not Specified Ø1=International Classification of Diseases (ICD9) Ø2=International Classification of Diseases (ICD1Ø) Ø3=National Criteria Care Institute (NCCI) Ø4=The Systematized Nomenclature of Human and Veterinary Medicine (SNOMED) Ø5=Common Dental Terminology (CDT) Ø6=Medi-Span Diagnosis Code Ø7=American Psychiatric Association Diagnostic Statistical Manual of Mental Disorders(DSM IV) 99=Other	REQUEST CLINICAL SEGMENT.
747	Disabled Dependent Coverage Indicator	Identifying if disabled dependents are covered for Rx benefit.	x(1)	M	1	N=No Y=Yes	
748	Disabled Dependent Covered Through Age	The age through which disabled dependents are covered.	9(3)	M	3		Comments: Required if disabled dependent coverage indicator = Y
82Ø-9A	Diskette Record ID	Identifies diskette record.	9(1)	D	1	1=Record Number 2=Record Number 3=Record Number	

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
4Ø8-D8	Dispense As Written (DAW)/ Product Selection Code (Continued...)	Code indicating whether or not the prescriber's instructions regarding generic substitution were followed.	x(1)	C,D,R,T	1	Ø=No Product Selection Indicated-This is the field default value that is appropriately used for prescriptions where product selection is not an issue. Examples include prescriptions written for single source brand products and prescriptions written using the generic name and a generic product is dispensed. 1=Substitution Not Allowed by Prescriber-This value is used when the prescriber indicates, in a manner specified by prevailing law, that the product is to be Dispensed As Written. 2=Substitution Allowed-Patient Requested Product Dispensed-This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted and the patient requests the brand product. This situation can occur when the prescriber writes the prescription using either the brand or generic name and the product is available from multiple sources. 3=Substitution Allowed-Pharmacist Selected Product Dispensed-This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted and the pharmacist determines that the brand product should be dispensed. This can occur when the prescriber writes the prescription using either the brand or generic name and the product is available from multiple sources. 4=Substitution Allowed-Generic Drug Not in Stock-This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted and the brand product is dispensed since a currently marketed generic is not stocked in the pharmacy. This situation exists due to the buying habits of the pharmacist, not because of the unavailability of the generic product in the marketplace.	REQUEST CLAIM SEGMENT.

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
4Ø8-D8	Dispense As Written (DAW)/ Product Selection Code (Continued from previous page))	Code indicating whether or not the prescriber's instructions regarding generic substitution were followed.	x(1)	C,D,R,T	1	5=Substitution Allowed-Brand Drug Dispensed as a Generic-This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted and the pharmacist is utilizing the brand product as the generic entity. 6=Override-This value is used by various claims processors in very specific instances as defined by that claims processor and/or its client(s). 7=Substitution Not Allowed-Brand Drug Mandated by Law-This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted but prevailing law or regulation prohibits the substitution of a brand product even though generic versions of the product may be available in the marketplace. 8=Substitution Allowed-Generic Drug Not Available in Marketplace-This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted and the brand product is dispensed since the generic is not currently manufactured, distributed, or is temporarily unavailable. 9=Other-This value is reserved and currently not in use. NCPDP does not recommend use of this value at the present time. Please contact NCPDP if you intend to use this value and document how it will be utilized by your organization.	REQUEST CLAIM SEGMENT.
5Ø7-F7	Dispensing Fee Paid	Dispensing fee paid included in the 'Total Amount Paid' (5Ø9-F9).	s9(6)v99	T	8		Format=s$$$$$$cc Comments: Included in the prescription response. Examples: If the dispensing fee paid is $3.5Ø, this field would reflect: 35{. RESPONSE PRICING SEGMENT.

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
412-DC	Dispensing Fee Submitted	Dispensing fee submitted by the pharmacy. This amount is included in the 'Gross Amount Due' (43Ø-DU).	s9(6)v99	T	8		Format=s$$$$$$cc Comments: Included in prescription claim request. Examples: If the pharmacy submitted a $5.62 dispensing fee, this field would reflect: 56B. REQUEST PRICING SEGMENT.
343-HD	Dispensing Status	Code indicating the quantity dispensed is a partial fill or the completion of a partial fill. Used only in situations where inventory shortages do not allow the full quantity to be dispensed.	x(1)	T	1	Blank=Not Specified P=Partial Fill C=Completion of Partial Fill	Comments: A full quantity dispensed is indicated by either not sending or not populating this field. REQUEST CLAIM SEGMENT.
6Ø1-14	Dollar Sign Rating	Denotes the number of dollar signs assigned to a product within a formulary.	x(1Ø)	R	1Ø		Format=$$$$
821-1M	Dollars Adjusted	The sum of individual claim adjustment amounts (Field 872-3Z) in the batch.	s9(6)v99	P	8		Format=s$$$$$$cc
822-5H	Dollars Billed	The sum of individual claim amount billed fields (Field 8Ø4-5B) in the batch.	s9(6)v99	C,D,P	8		Format=s$$$$$$cc
873-4A	Dollars Paid	The sum of individual amount paid fields (Field 876-FB) in the batch.	s9(6)v99	P	8		Format=s$$$$$$cc
824-1N	Dollars Rejected	The sum of individual claim reject fields (Field 8Ø5-1C) in the batch.	s9(6)v99	P	8		Format=s$$$$$$cc
6Ø1-34	Dosage Form ID Code	Dosage form of product being reported.	x(2)	R	2		See Appendix B in the Manufacturer Rebates Utilization, Plan and Formulary Flat File Format Implementation Guide. For Medicaid/Government use only.
516-FG	Drug Description	The name of the drug or compound dispensed when used in the Billing Format, or the name of the drug returned by the processor.	x(3Ø)	C,D,R	3Ø		

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
425-DP	Drug Type	Code to indicate the type of drug dispensed.	9(1)	C,D,P	1	Ø=Not specified 1=Single source brand 2=Branded generic 3=Generic 4=O.T.C. (over the counter)	
476-H6	DUR Co-Agent ID	Identifies the co-existing agent contributing to the DUR event (drug or disease conflicting with the prescribed drug or prompting pharmacist professional service).	x(19)	T	19		Comments: Qualified by 'DUR Co-Agent ID Qualifier' (475-9E). REQUEST DUR/PPS SEGMENT.
475-J9	DUR Co-Agent ID Qualifier	Code qualifying the value in 'DUR Co-Agent ID' (476-H6).	x(2)	T	2	See Appendix K - Product/Service Qualifier	REQUEST DUR/PPS SEGMENT.
544-FY	DUR Free Text Message	Text that provides additional detail regarding a DUR conflict.	x(3Ø)	T	3Ø		Comments: Response data may provide: -drug names involved in an interaction -reported disease contraindication -other applicable DUR information RESPONSE DUR/PPS SEGMENT.
473-7E	DUR/PPS Code Counter	Counter number for each DUR/PPS set/logical grouping.	9(1)	T	1		Comments: Fields included in the set/logical grouping are: 'Reason of Service Code' (439-E4) 'Professional Service Code' (44Ø-E5) 'Result of Service Code' (441-E6) 'DUR/PPS Level of Effort' (474-8E) 'DUR Co-Agent ID Qualifier' (475-9E) 'DUR Co-Agent ID' (476-H6) REQUEST DUR/PPS SEGMENT.

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
474-8E	DUR/PPS Level Of Effort	Code indicating the level of effort as determined by the complexity of decision making or resources utilized by a pharmacist to perform a professional service.	9(2)	T	2	Ø=Not Specified 11=Level 1 (Lowest) 12=Level 2 13=Level 3 14=Level 4 15=Level 5 (Highest)	Examples: Definitions for Levels 1 through 5 are left to the discretion of trading partners. The following is one example of how the field might be used. Level 1 Straightforward: Service involved minimal diagnosis or treatment options, minimal amount or complexity of data considered, and minimal risk; OR Counseling or coordination of care dominated the encounter and required LESS THAN 5 MINUTES of the pharmacist's time Level 2 Low Complexity: Service involved limited diagnosis or treatment options, limited amount or complexity of data considered, and low risk; OR Counseling or coordination of care dominated the encounter and required LESS THAN 15 MINUTES of the pharmacist's time. Level 3 Moderate Complexity: Service involved moderate diagnosis or treatment options, moderate amount or complexity of data considered, and moderate risk; OR Counseling or coordination of care dominated the encounter and required LESS THAN 30 MINUTES of the pharmacist's time. Level 4 High Complexity: Service involved multiple diagnosis or treatment options, extensive amount or complexity of data considered, and high risk; OR Counseling or coordination of care dominated the encounter and required LESS THAN 1 HOUR of the pharmacist's time. Level 5 Comprehensive: Service involved extensive diagnosis or treatment options, exceptional amount or complexity of data considered, and very high risk; OR Counseling or coordination of care dominated the encounter and required GREATER THAN 1 HOUR of the pharmacist's time. REQUEST DUR/PPS SEGMENT.

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
567-J6	DUR/PPS Response Code Counter	Counter number for each DUR/PPS response set/logical grouping.	9(1)	T	1		Comments: Fields included in the set/logical grouping are: 'Reason for Service Code' (439-E4) 'Clinical Significance Code' (528-FS) 'Other Pharmacy Indicator' (529-FT) 'Previous Date of Fill' (53Ø-FU) 'Quantity of Previous Fill' (531-FV) 'Database Indicator' (532-FW) 'Other Prescriber Indicator' (533-FX) 'DUR Free Text Message' (544-FY) RESPONSE DUR/PPS SEGMENT.
712	Effective Date	Beginning date of current participation.	9(8)	M	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day Comments: The effective date of individual participation in the current group or the effective date of a change. The individual is represented by cardholder ID or by the cardholder/person code combination.
3Ø9-C9	Eligibility Clarification Code	Code indicating that the pharmacy is clarifying eligibility based on receiving a denial.	9(1)	C,D,P,T	1	Ø=Not Specified 1=No Override 2=Override 3=Full Time Student 4=Disabled Dependent 5=Dependent Parent 6=Significant Other	Examples: The patient has become a student but eligibility has not yet been updated. The pharmacy can indicate "3" so that the carrier may override eligibility for this patient. REQUEST INSURANCE SEGMENT.
6ØØ-69	Eligible Plan	Indicates whether or not the plan is eligible for rebates.	x(1)	R	1	N=No Y=Yes	
317-CH	Employer City Address	Free-form text for city name.	x(2Ø)	T	2Ø		Examples: Chicago REQUEST WORKER'S COMPENSATION SEGMENT.
321-CL	Employer Contact Name	Employer primary contact.	x(3Ø)	T	3Ø		Examples: John Smith REQUEST WORKER'S COMPENSATION SEGMENT.
333-CZ	Employer ID	ID assigned to employer.	x(15)	T	15		REQUEST PATIENT SEGMENT.

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
315-CF	Employer Name	Complete name of employer.	x(3Ø)	T	3Ø		Examples: General Motors Corporation REQUEST WORKER'S COMPENSATION SEGMENT.
32Ø-CK	Employer Phone Number	Ten digit phone number of employer.	9(1Ø)	T	1Ø		Format=AAAEEENNNN AAA=Area Code EEE=Exchange Code NNNN=Number Examples: A phone number of 212-555-1212 would reflect: 2125551212. REQUEST WORKER'S COMPENSATION SEGMENT.
318-CI	Employer State/ Province Address	Standard State/Province Code as defined by appropriate government agency.	x(2)	T	2	See Appendix L - United States and Canadian Province Postal Service Abbreviations	Comments: Standard United States and Canadian province two-letter postal service abbreviations should be used. REQUEST WORKER'S COMPENSATION SEGMENT.
316-CG	Employer Street Address	Free-form text for address information.	x(3Ø)	T	3Ø		Examples: 123 Main Street REQUEST WORKER'S COMPENSATION SEGMENT.
319-CJ	Employer Zip/ Postal Zone	Code defining international postal zone excluding punctuation and blanks (zip code for US).	x(15)	T	15		Comments: This left-justified field contains the five-digit zip code and may include the four-digit expanded zip code in which the employer is located. Examples: If the zip code is 98765-4321, this field would reflect: 987654321. If the zip code is 98765, this field would reflect: 98765 left justified. REQUEST WORKER'S COMPENSATION SEGMENT.
6Ø1-35	Encrypted Patient ID Code	Encrypted patient ID.	x(17)	R	17		
6ØØ-7Ø	Enrollees	Number of primary cardholders (excluding dependents) covered by the contracting organization.	9(9)*b* or 9(9)-	R	1Ø		Format=999999999*b* or 999999999- Note *b* = Space - = Negative sign

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
715	Enrollment Relationship Code	ID of the relationship of the family member to the cardholder.	x(1)	M	1	Ø=Not Specified 1=Cardholder 2=Spouse 3=Child 4=Other 5=Student 6=Disabled Dependent 7=Adult Dependent 8=Significant Other	Comments: ID of family member's relationship to the cardholder.
874-GD	Expansion Area	Reserved for future NCPDP contingencies.	x Varies	C,P	Varies		
336-8C	Facility ID	ID assigned to the patient's clinic/host party.	x(1Ø)	T	1Ø		REQUEST INSURANCE SEGMENT.
6Ø1-36	FF Action Code	Indicates the action to perform on the submitted file.	x(2)	R	2	ØØ=Original submission of rebate batch Ø2=Correction/adjustment to a previously submitted rebate batch Ø3=Deletion of previously submitted rebate batch Ø5=Replacement of previously submitted rebate batch	
6ØØ-71	FF Contracting Organization (PMO) ID Qualifier	Indicates the type of data being submitted in the FF Contracting Organization (PMO) ID field.	x(1)	R	1	C=Contracting organization (PMO) assigned ID number D=DEA number F=Federal Tax ID number H=HIBCC HIN M=Manufacturer (PICO) assigned ID number P=National Provider ID (NPI) T=Telephone number Z=Mutually agreed upon ID number	
6Ø1-37	FF Data Provider ID Qualifier	Identifies the type of data being submitted in the Data Provider ID Code field.	x(1)	R	1	C=Contracting organization (PMO) assigned ID number D=DEA number F=Federal Tax ID number H=HIBCC HIN M=Manufacturer (PICO) assigned ID number P=National Provider ID (NPI) T=Telephone number Z=Mutually agreed upon ID number	

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
6ØØ-72	FF Manufacturer (PICO) ID Qualifier	Indicates the type of data being submitted in the FF Manufacturer (PICO) ID field.	x(1)	R	1	C=Contracting Organization (PMO) assigned ID number D=DEA number F=Federal Tax ID number H=HIBCC HIN L=NDC labeler code M=Manufacturer (PICO) assigned ID number T=Telephone number Z=Mutually agreed upon ID number	
6Ø1-57	FF New/Refill Code	The code indicating whether the prescription is new or a refill.	x(2)	R	2	ØØ=New prescription Ø1-99=Number of refill	
6Ø1-38	FF Prescriber ID Qualifier	Identifies the type of data being submitted in the Prescriber ID field.	x(1)	R	1	A=American Medical Association (AMA) Medical Education (ME) number B=American Osteopathic Association (AOA) Doctor of Osteopathy (DO) number C=Contracting Organization (PMO) assigned ID number D=DEA number H=HIBCC HIN M=Manufacturer (PICO) assigned ID number P=National Provider ID (NPI) T=Telephone number Z=Mutually agreed upon ID number	
6Ø1-39	FF Total Metric Decimal Quantity	Total quantity being submitted.	9(11)v999*b* or 9(11)v999-	R	15		Format=99999999999v999*b* or 99999999999v999- Note *b* = Space - = Negative Sign
6Ø1-4Ø	FF Total Number Of Prescriptions	Value is total net number of prescriptions.	9(7)*b* or 9(7)-	R	8		Format=9999999*b* or 9999999- For summary-level records only Note *b* = Space - = Negative Sign
7Ø2	File Type	Identifies that the data to be applied is a test or production file.	x(1)	B,M	1	T=Test P=Production	
4Ø3-D3	Fill Number	The code indicating whether the prescription is an original or a refill.	9(2)	T	2	Ø=Original dispensing 1 to 99 = Refill number	REQUEST CLAIM SEGMENT.

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
717	First Name	The first name of the member (optional).	x(15)	M	15		
558-AW	Flat Sales Tax Amount Paid	Flat sales tax paid which is included in the 'Total Amount Paid' (5Ø9-F9).	s9(6)v99	T	8		Format=s$$$$$$cc Comments: Included in Prescription and Service Response. Examples: If the flat sales tax paid is $2.6Ø. this field would reflect: 26{. RESPONSE PRICING SEGMENT.
481-HA	Flat Sales Tax Amount Submitted	Flat sales tax submitted for prescription. This amount is included in the 'Gross Amount Due' (43Ø-DU).	s9(6)v99	T	8		Format=s$$$$$$cc Comments: Included in the Prescription Claim and Service Claim Request. Examples: If the flat sales tax amount submitted is $3.Ø8, this field would reflect: 3ØH. REQUEST PRICING SEGMENT.
6ØØ-73	Formulary Benefit Design Type	Identifies the type of formulary benefit design utilized by the plan.	x(4)	R	4		See Appendix F in the Manufacturer Rebates Utilization, Plan and Formulary Flat file Format Implementation Guide.
6ØØ-74	Formulary Code	Code assigned by PMO to identify the formulary used.	x(17)	R	17		
6ØØ-75	Formulary Description	Description of the formulary used by the PMO.	x(3Ø)	R	3Ø		
6Ø1-15	Formulary Manager Company Name	The name of the formulary management company.	x(3Ø)	R	3Ø		
6Ø1-16	Formulary Manager Person Name	The formulary management company's contact person.	x(3Ø)	R	3Ø		
6ØØ-76	Formulary Non-Formulary Co-Pay Confidential	Indicates whether or not the co-pay is confidential; does not imply that the formulary non-formulary co-pay amounts are reported.	x(1)	R	1	N=No Y=Yes	

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
6ØØ-77	Formulary Product Co-Pay Amount	Co-pay amount for the formulary product.	9(3)v99*b* or 9(3)v99-	R	6		Format=999v99*b* or 999v99- Note *b* = Space - = Negative Sign
6Ø1-17	Formulary Product Co-Pay Confidential	Indicates whether the co-pay is confidential or not; does not imply that the formulary product co-pay is reported.	x(1)	R	1	N=No Y=Yes	
721	Gender Code	For eligibility, and identifying the gender of the individual member.	x(1)	M	1	M=Male F=Female U=Unknown	Comments: ID of the gender of the member.
6ØØ-78	Generic Product Co-Pay Amount	Co-pay amount for the generic product.	9(3)v99*b* or 9(3)v99-	R	6		Format=999v99*b* or 999v99- Note *b* = Space - = Negative Sign
6Ø1-41	Grand Total Metric Decimal Quantity	The sum of the FF Total Metric Decimal Quantity fields submitted within the 'UD' record type.	9(11)v999*b* or 9(11)v999-	R	15		Format=99999999999v999*b* or 99999999999v999- If detail records contain this field, the total is required on the trailer record. Note *b* = Space - = Negative Sign
6Ø1-42	Grand Total Requested Rebate Amount	The sum of the Requested Rebate Amount fields submitted within the 'UD' record type	9(9)v99*b* or 9(9)v99-	R	12		Format=999999999v99*b* or 999999999v99- If detail records contain this field, the total is required on the trailer record. Note *b* = Space - = Negative Sign

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
43Ø-DU	Gross Amount Due	Total price claimed from all sources. For prescription claim request, field represents a sum of 'Ingredient Cost Submitted' (4Ø9-D9), 'Dispensing Fee Submitted' (412-DC), 'Flat Sales Tax Amount Submitted'(481-HA), 'Percentage Sales Tax Amount Submitted' (482-GE), 'Incentive Amount Submitted' (438-E3), 'Other Amount Claimed' (48Ø-H9). For service claim request, field represents a sum of 'Professional Services Fee Submitted' (477-BE), 'Flat Sales Tax Amount Submitted'(481-HA), 'Percentage Sales Tax Amount Submitted'(482-GE), 'Other Amount Claimed' (48Ø-H9).	s9(6)v99	T	8		Format=s$$$$$$cc Examples: If the gross amount due is $14.95, this field would reflect: 149E. REQUEST PRICING SEGMENT.
3Ø1-C1	Group ID	ID assigned to the cardholder group or employer group.	x(15)	C,D,M,R,T	15		REQUEST INSURANCE SEGMENT. RESPONSE INSURANCE SEGMENT.
5Ø1-F1	Header Response Status	Code indicating the status of the transmission.	x(1)	T	1	A=Accepted R=Rejected	RESPONSE HEADER SEGMENT.
55Ø-8F	Help Desk Phone Number	Ten digit phone number of the help desk.	x(18)	T	18		Format=AAAEEENNNNXXXXXXXX AAA=Area Code EEE=Exchange Code NNNN=Number XXXXXXXX=Extension Comments: Qualified by 'Help Desk Qualifier' (549-7F). Examples: A phone number of 212-555-1212 would reflect: 2125551212. With an extension of 123 the same number would reflect: 2125551212123 or 2125551212x123 or 2125551212ext123. RESPONSE STATUS SEGMENT.

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
549-7F	Help Desk Phone Number Qualifier	Code qualifying the phone number in the 'Help Desk Phone Number' (55Ø-8F).	x(2)	T	2	Blank=Not Specified Ø1=Switch Ø2=Intermediary Ø3=Processor/PBM 99=Other	RESPONSE STATUS SEGMENT.
6ØØ-79	Hierarchical Level Terminology	Description of level in PMO hierarchy.	x(3Ø)	R	3Ø		
314-CE	Home Plan	Code identifying the Blue Cross or Blue Shield plan ID which indicates where the member's coverage has been designated. Usually where the member lives or purchased their coverage.	x(3)	C,D,T	3		Comments: Used for interstate processing between Blue Cross and Blue Shield plans. The Blue Cross codes are in the range less than 6ØØ and Blue Shield codes are greater than 599. REQUEST INSURANCE SEGMENT.
826-5K	Host Plan	The Blue Cross or Blue Shield number of the servicing or processing plan.	x(3)	C	3		Comments: Used for interstate processing between Blue Cross and Blue Shield plans. The Blue Cross codes are in the range less than 6ØØ and Blue Shield codes are greater than 599.
521-FL	Incentive Amount Paid	Amount represents the contractually agreed upon incentive fee paid for specific services rendered. Amount is included in the 'Total Amount Paid' (5Ø9-F9).	s9(6)v99	T	8		Format=s$$$$$$cc Comments: Included in the prescription response. Examples: If the incentive amount paid is $4.55, this field would reflect: 45E. RESPONSE PRICING SEGMENT.
438-E3	Incentive Amount Submitted	Amount represents a fee that is submitted by the pharmacy for contractually agreed upon services. This amount is included in the 'Gross Amount Due' (43Ø-DU).	s9(6)v99	T	8		Format=s$$$$$$cc Comments: Included in the Prescription Response. Examples: If the incentive amount submitted is $4.5Ø, this field would reflect: 45{. REQUEST PRICING SEGMENT.
827-1Ø	Ingredient Cost Billed	Cost of the ingredient billed.	s9(6)v99	P	8		Format=s$$$$$$cc

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
5Ø6-F6	Ingredient Cost Paid	Drug ingredient cost paid included in the 'Total Amount Paid' (5Ø9-F9).	s9(6)v99	P,T	8		Format=s$$$$$$cc Comments: Included in the Prescription Response. Examples: If the ingredient cost paid is $15Ø.ØØ, this field would reflect: 15ØØ{. RESPONSE PRICING SEGMENT.
4Ø9-D9	Ingredient Cost Submitted	Submitted product component cost of the dispensed prescription. This amount is included in the 'Gross Amount Due' (43Ø-DU).	s9(6)v99	T	8		Format=s$$$$$$cc Comments: Included in the Prescription Request. This field can be further defined by using the Basis of Cost Determination Field 423-DN. Examples: If the ingredient cost submitted is $65.ØØ, this field would reflect: 65Ø{. REQUEST PRICING SEGMENT.
464-EX	Intermediary Authorization ID	Value indicating intermediary authorization occurred.	x(11)	T	11		REQUEST CLAIM SEGMENT.
463-EW	Intermediary Authorization Type ID	Value indicating that authorization occurred for intermediary processing.	9(2)	T	2	Ø=Not Specified 1=Intermediary Authorization 99=Other Override	REQUEST CLAIM SEGMENT.
716	Last Name	Last name of the member (required).	x(25)	M	25		
418-DI	Level Of Service	Coding indicating the type of service the provider rendered.	9(2)	T	2	Ø=Not Specified 1=Patient consultation 2=Home delivery 3=Emergency 4=24 hour service 5=Patient consultation regarding generic product selection 6=In-Home Service	REQUEST CLAIM SEGMENT.
6Ø1-43	Line Number	Unique number that identifies the record.	x(11)	R	11		
6ØØ-8Ø	Mail Order ID Code	Code identifying the mail order vendor used by the plan	x(17)	R	17		

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
6ØØ-81	Mail Order ID Qualifier	Identifies the type of data being submitted in the Mail Order ID Code field.	x(1)	R	1	C=Contracting organization (PMO) assigned ID number D=DEA number F=Federal Tax ID number H=HIBCC HIN M=Manufacturer (PICO) assigned ID number P=National Provider ID (NPI) T=Telephone number Z=Mutually agreed upon ID number	
6Ø1-11	Mail Order Name	The name of the mail order vendor for the plan.	x(3Ø)	R	3Ø		
6ØØ-47	Manufacturer (PICO) Contract Number	Contract number assigned by the manufacturer.	x(15)	R	15		
6ØØ-48	Manufacturer (PICO) ID Code	Code assigned to identify the manufacturer.	x(17)	R	17		
6ØØ-5Ø	Manufacturer (PICO) Name	Name of the manufacturer.	x(3Ø)	R	3Ø		
828-1P	Master Sequence Number	On an adjustment or reject, this code indicates the master sequence number (tape field number) of the data element associated with the reject or adjustment.	x(2)	P	2	See Appendix G,H,I - reject code listing	
494-ZE	Measurement Date	Date clinical information was collected or measured.	9(8)	T	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day REQUEST CLINICAL SEGMENT.

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
496-H2	Measurement Dimension	Code indicating the clinical domain of the observed value in 'Measurement Value' (499-H4).	x(2)	T	2	Blank=Not Specified Ø1=Blood Pressure (BP) Ø2=Blood Glucose Level Ø3=Temperature Ø4=Serum Creatinine (SCr) Ø5=HbA1c Ø6=Sodium (Na+) Ø7=Potassium (K+) Ø8=Calcium (Ca++) Ø9=Serum Glutamic-Oxaloacetic Transaminase (SGOT) 1Ø=Serum Glutamic-Pyruvic Transaminase (SGPT) 11=Alkaline Phosphatase 12=Serum Theophyline Level 13=Serum Digoxin Level 14=Weight 15=Body Surface Area (BSA) 16=Height 17=Creatinine Clearance (CrCl) 99=Other	REQUEST CLINICAL SEGMENT.
495-H1	Measurement Time	Time clinical information was collected or measured.	9(4)	T	4		Format: HHMM HH=Hour MM=Minute Examples: Reported in military time. Two o'clock P.M.=14ØØ. REQUEST CLINICAL SEGMENT.
497-H3	Measurement Unit	Code indicating the metric or English units used with the clinical information.	x(2)	T	2	Blank=Not Specified Ø1=Inches (in) Ø2=Centimeters (cm) Ø3=Pounds (lb) Ø4=Kilograms (kg) Ø5=Celsius (C) Ø6=Fahrenheit (F) Ø7=Meters Squared (m^2) Ø8=Milligrams per Deciliter (mg/dl) Ø9=Units per Milliliter (U/ml) 1Ø=Millimeters of Mercury (mmHg) 11=Centimeters Squared (cm2) 12=Millimeters per Minute (ml/min) 13=Percentage (%) 14=Milliequivalent (mEq/ml) 15=International Units per Liter (IU/L) 16=Micrograms per Milliliter (mcg/ml) 17=Nanograms per Milliliter (ng/ml) 18=Milligrams per Milliliter (mg/ml)	REQUEST CLINICAL SEGMENT.

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
499-H4	Measurement Value	Actual value of clinical information.	x(15)	T	15		Comments: Blood pressure entered in XXX/YYY format in which XXX=systolic, /=divider, and YYY is diastolic. Temperature entered in XXX.X format always including decimal point. REQUEST CLINICAL SEGMENT.
6ØØ-82	Membership Calculation Multiplier	Represents an actuarial multiplier that a PMO may use to determine the membership total count for a plan or sub-plan.	9(3)v99*b* or 9(3v)99-	R	6		Format=999v99*b* or 999v99- Note *b* = Space - = Negative Sign
6ØØ-83	Membership Count Qualifier	Further specifies the membership period qualifier in order to calculate the data submitted in the Membership Total Count field.	x(1)	R	1	1=Beginning of period 2=End of period 3=Average of period 4=Minimum count 5=Maximum count 6=Middle of period	
6ØØ-84	Membership Dependents	Number of covered dependents.	9(9)*b* or 9(9)-	R	1Ø		Format=999999999*b* or 999999999- Note *b* = Space - = Negative Sign
6ØØ-85	Membership Enrollees	Number of covered enrollees.	9(9)*b* or 9(9)-	R	1Ø		Format=999999999*b* or 999999999- Note *b* = Space - = Negative Sign
6ØØ-86	Membership Period Qualifier	Identifies the period of time for which the membership counts cover.	x(1)	R	1	A=Annually M=Monthly Q=Quarterly S=Semi Annually	
6ØØ-87	Membership Reporting Period Start Date	The first day of the membership reporting period.	9(8)	R	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day
6ØØ-88	Membership Total Count	The total number of persons covered (the sum of enrollees and dependents or the product of enrollees and the calculation multiplier).	9(9)*b* or 9(9)-	R	1Ø		Format=999999999*b* or 999999999- Note *b* = Space - = Negative Sign

Exhibit E
Part 2

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
6ØØ-89	Membership Type Qualifier	Identifies the type of membership being reported.	x(1)	R	1	1=Covered Lives 2=Beds 3=Retail Stores	
5Ø4-F4	Message	Free form message.	x(1)-x(2ØØ)	B,T	1-2ØØ		Comments: Variable length is from 1-2ØØ characters. RESPONSE MESSAGE SEGMENT.
4Ø4-D4	Metric Quantity	Number of metric units of medication dispensed.	9(5)	C,D	5		
718	Middle Initial	The middle initial of the member.	x(1)	M	1		
72Ø	Multiple Birth Code	Number assigned to each family member with the same birth date.	9(1)	M	1	1=1st 2=2nd 3=3rd 4=4th 5=5th 6=6th 7=7th 8=8th 9=9th	
719	Name Extension	Identifies more about the member name.	x(6)	M	6		Examples: Jr, Sr, III, MD, etc.
545-2F	Network Reimbursement ID	Field defined by the processor. It identifies the network, for the covered member, used to calculate the reimbursement to the pharmacy.	x(1Ø)	T	1Ø		RESPONSE INSURANCE SEGMENT.
6ØØ-9Ø	Non-Formulary Product Co-Pay Amount	Co-pay required for the non-formulary product.	9(3)v99*b* or 9(3)v99-	R	6		Format=999v99*b* or 999v99-
415-DF	Number of Refills Authorized	Number of refills authorized by the prescriber.	9(2)	C,D,P,T	2	Ø=Not Specified 1 through 99, with 99 being as needed, refills unlimited	REQUEST CLAIM SEGMENT.
714	Original Effective Date	Beginning date of original participation upon which the individual first became eligible for coverage as provided by the provider of the enrollment file.	9(8)	M	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
445-EA	Originally Prescribed Product/Service Code	Code of the initially prescribed product or service.	x(19)	T	19		Comments: Qualified by 'Originally Prescribed Product/Service Code Qualifier' (453-EJ). Used to provide necessary data to calculate the exact difference in cost between the prescribed product and the dispensed product. REQUEST CLAIM SEGMENT.
453-EJ	Originally Prescribed Product/Service ID Qualifier	Code qualifying the value in 'Originally Prescribed Product/Service Code' (Field 445-EA).	x(2)	T	2	See Appendix K - Product/Service Qualifier	REQUEST CLAIM SEGMENT.
446-EB	Originally Prescribed Quantity	Product initially prescribed amount expressed in metric decimal units.	9(7)v999	T	1Ø		Format=9999999.999 Comments: To provide data necessary to calculate the exact difference in cost between the prescribed product and the dispensed product. For use with therapeutic interchange only. REQUEST CLAIM SEGMENT.
7Ø6	Originator Name	Source/provider of the eligibility transaction file.	x(2Ø)	M	2Ø		Comments: Identifies the source of the file.
48Ø-H9	Other Amount Claimed Submitted	Amount representing the additional incurred costs for a dispensed prescription or service.	s9(6)v99	T	8		Format=s$$$$$$cc Comments: Qualified by 'Other Amount Claimed Submitted Qualifier' (479-H8). Included in the Prescription Claim and Service Claim Request. Amount is included in the 'Gross Amount Due' (43Ø-DU). Examples: If the other amount claimed submitted is $12.55, this field would reflect: 125E. REQUEST PRICING SEGMENT.
478-H7	Other Amount Claimed Submitted Count	Count of other amount claimed submitted occurrences.	9(1)	T	1		Comments: Fields included in the set/logical grouping are: 'Other Amount Claimed Submitted Qualifier' (479-H8) 'Other Amount Claim Submitted' (48Ø-H9) REQUEST PRICING SEGMENT.

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
479-H8	Other Amount Claimed Submitted Qualifier	Code identifying the additional incurred cost claimed in 'Other Amount Claimed Submitted' (48Ø-H9).	x(2)	T	2	Blank=Not Specified Ø1=Delivery Cost Ø2=Shipping Cost Ø3=Postage Cost Ø4=Administrative Cost 99=Other	REQUEST PRICING SEGMENT.
565-J4	Other Amount Paid	Amount paid for additional costs claimed in 'Other Amount Claimed Submitted' (48Ø-H9).	s9(6)v99	T	8		Format=s$$$$$$cc Comments: Qualified by 'Other Amount Paid Qualifier' (564-J3). Included in Prescription and Service Response. RESPONSE PRICING SEGMENT.
563-J2	Other Amount Paid Count	Count of the other amount paid occurrences.	9(1)	T	1		Comments: Fields included in the set/logical grouping are: 'Other Amount Paid Qualifier' (564-J3) 'Other Amount Paid' (565-J4) RESPONSE PRICING SEGMENT.
564-J3	Other Amount Paid Qualifier	Code clarifying the value in the 'Other Amount Paid' (565-J4).	x(2)	T	2	Blank=Not Specified Ø1=Delivery Ø2=Shipping Ø3=Postage Ø4=Administrative 99=Other	RESPONSE PRICING SEGMENT.
3Ø8-C8	Other Coverage Code	Code indicating whether or not the patient has other insurance coverage.	9(2)	T	2	Ø=Not Specified 1=No other coverage identified 2=Other coverage exists-payment collected 3=Other coverage exists-this claim not covered 4=Other coverage exists-payment not collected 5=Managed care plan denial 6=Other coverage denied-not a participating provider 7=Other coverage exists-not in effect at time of service 8=Claim is a billing for a copay	REQUEST CLAIM SEGMENT.
735	Other Coverage Effective Date	Date on which the other coverage code is effective and required if Other Coverage Code is submitted.	9(8)	M			Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
431-DV	Other Payer Amount Paid	Amount of any payment known by the pharmacy from other sources (including coupons).	s9(6)v99	T	8		Format=s$$$$$$cc Comments: Included in the Prescription and Service Claim Request. Examples: If the other payer amount paid is $32.56, this field would reflect: 325F. REQUEST COORDINATION OF BENEFITS/OTHER PAYMENT SEGMENT.
341-HB	Other Payer Amount Paid Count	Count of the payer amount paid occurrences.	9(1)	T	1		REQUEST COORDINATION OF BENEFITS/OTHER PAYMENT SEGMENT.
342-HC	Other Payer Amount Paid Qualifier	Code qualifying the 'Other Payer Amount Paid' (431-DV).	x(2)	T	2	Blank=Not Specified Ø1=Delivery Ø2=Shipping Ø3=Postage Ø4=Administrative Ø5=Incentive Ø6=Cognitive Service Ø7=Drug Benefit Ø8=Sum of All Reimbursement 98=Coupon 99=Other	Comments: Value 'Ø8' should only be used when indicating the total reimbursement from the other payer and NOT when submitting line item details of reimbursement components. REQUEST COORDINATION OF BENEFITS/OTHER PAYMENT SEGMENT.
566-J5	Other Payer Amount Recognized	Total dollar amount of any payment from another source including coupons.	s9(6)v99	T	8		Format=s$$$$$$cc Comments: Included in Prescription and Service Response. Examples: If the other payer amount recognized is $5.27. This field would reflect: 52G. RESPONSE PRICING SEGMENT.
338-5C	Other Payer Coverage Type	Code identifying the type of 'Other Payer ID' (34Ø-7C).	x(2)	T	2	Blank=Not Specified Ø1=Primary Ø2=Secondary Ø3=Tertiary 98=Coupon 99=Composite	REQUEST COORDINATION OF BENEFITS/OTHER PAYMENT SEGMENT.

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
443-E8	Other Payer Date	Payment or denial date of the claim submitted to the other payer. Used for coordination of benefits.	9(8)	T	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day Examples: If the primary payer denial date was August 1,1999, this field would reflect: 1999Ø8Ø1. REQUEST COORDINATION OF BENEFITS/OTHER PAYMENT SEGMENT.
34Ø-7C	Other Payer ID	ID assigned to the payer.	x(1Ø)	T	1Ø		Comments: Qualified by 'Other Payer ID Qualifier' (339-6C). REQUEST COORDINATION OF BENEFITS/OTHER PAYMENT SEGMENT.
339-6C	Other Payer ID Qualifier	Code qualifying the 'Other Payer ID' (34Ø-7C).	x(2)	T	2	Blank=Not Specified Ø1=National Payer ID Ø2=Health Industry Number (HIN) Ø3=Bank Information Number (BIN) Ø4=National Association of Insurance Commissioners (NAIC) Ø9=Coupon 99=Other	REQUEST COORDINATION OF BENEFITS/OTHER PAYMENT SEGMENT.
472-6E	Other Payer Reject Code	The error encountered by the previous "Other Payer" in 'Reject Code' (511-FB).	x(3)	T	3		REQUEST COORDINATION OF BENEFITS/OTHER PAYMENT SEGMENT.
471-5E	Other Payer Reject Count	Count of 'Other Payer Reject Code' (472-6E) occurrences.	9(2)	T	2		Comments: Number of reject codes identified by the previous "Other Payer" in 'Reject Count' (51Ø-FA). REQUEST COORDINATION OF BENEFITS/OTHER PAYMENT SEGMENT.
529-FT	Other Pharmacy Indicator	Code indicating the pharmacy responsible for the previous event involved in the DUR conflict.	9(1)	T	1	Ø=Not Specified 1=Your Pharmacy 2=Other Pharmacy in Same Chain 3=Other Pharmacy	RESPONSE DUR/PPS SEGMENT.
533-FX	Other Prescriber Indicator	Code comparing the prescriber of the current prescription to the prescriber of the previously filled conflicting prescription.	9(1)	T	1	Ø=Not Specified 1=Same Prescriber 2=Other Prescriber	RESPONSE DUR/PPS SEGMENT.

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
875-6E	P.A./M.C./S.C. Number	Prior authorization or medical certification number submitted by provider for claims payment.	x(7)	C,D	7		
323-CN	Patient City Address	Free-form text for city name.	x(2Ø)	T	2Ø		Examples: Chicago REQUEST PATIENT SEGMENT.
31Ø-CA	Patient First Name	Individual first name.	x(12)	C,D,T	12		Examples: John REQUEST PATIENT SEGMENT.
3Ø5-C5	Patient Gender Code	Code indicating the gender of the individual.	9(1)	T	1	Ø=Not Specified 1=Male 2=Female	REQUEST PATIENT SEGMENT.
332-CY	Patient ID	ID assigned to the patient.	x(2Ø)	T	2Ø		Comments: Qualified by 'Patient Id Qualifier' (331-CX). This field is used to uniquely identify the patient for purposes other than billing. REQUEST PATIENT SEGMENT.
331-CX	Patient ID Qualifier	Code qualifying the 'Patient ID' (332-CY).	x(2)	T	2	Blank=Not Specified Ø1=Social Security Number Ø2=Driver's License Number Ø3=U.S. Military ID 99=Other	REQUEST PATIENT SEGMENT.
311-CB	Patient Last Name	Individual last name.	x(15)	C,D,T	15		Examples: Smith REQUEST PATIENT SEGMENT.
6Ø1-44	Patient Liability Amount	Amount of patient's out-of-pocket cost.	9(11)*b* or 9(11)-	R	12		Format=99999999999*b* or 99999999999- Note *b* = Space - = Negative Sign

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
3Ø7-C7	Patient Location	Code identifying the location of the patient when receiving pharmacy services.	9(2)	T	2	Ø=Not specified 1=Home 2=Inter-Care 3=Nursing Home 4=Long Term/Extended Care 5=Rest Home 6=Boarding Home 7=Skilled Care Facility 8=Sub-Acute Care Facility 9=Acute Care Facility 1Ø=Outpatient 11=Hospice	Comments: Values Ø-11 are used to identify the location. REQUEST PATIENT SEGMENT.
433-DX	Patient Paid Amount Submitted	Amount the pharmacy received from the patient for the prescription dispensed.	s9(6)v99	T	8		Format=s$$$$$$cc Comments: Included in the Prescription and Service Claim Request. Examples: If the patient paid amount submitted is $1Ø.5Ø, this field would reflect: 1Ø5{. REQUEST PRICING SEGMENT.
5Ø5-F5	Patient Pay Amount	Amount that is calculated by the processor and returned to the pharmacy as the TOTAL amount to be paid by the patient to the pharmacy; the patient's total cost share, including copayments, amounts applied to deductible, over maximum amounts, penalties, etc.	s9(6)v99	T	8		Format=s$$$$$$cc Comments: Included in the Prescription Response. Examples: If the patient pay amount is $56.96, this field would reflect: 569F. RESPONSE PRICING SEGMENT.
326-CQ	Patient Phone Number	Ten digit phone number of patient.	9(1Ø)	T	1Ø		Format=AAAEEENNNN AAA=Area Code EEE=Exchange NNNN=Number Examples: If the phone number is (313)555-1212, this field would reflect: 3135551212. REQUEST PATIENT SEGMENT.
3Ø6-C6	Patient Relationship Code	Code indicating relationship of patient to cardholder.	9(1)	T	1	Ø=Not Specified 1=Cardholder 2=Spouse 3=Child 4=Other	REQUEST INSURANCE SEGMENT.

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
324-CO	Patient State/Province Address	Standard State/Province Code as defined by appropriate government agency.	x(2)	T	2	See Appendix L - United States and Canadian Province Postal Service Abbreviations	Comments: Standard United States and Canadian province two-letter postal service abbreviations should be used. REQUEST PATIENT SEGMENT.
322-CM	Patient Street Address	Free-form text for address information.	x(3Ø)	T	3Ø		Examples: 123 Main Street REQUEST PATIENT SEGMENT.
325-CP	Patient Zip/Postal Zone	Code defining international postal zone excluding punctuation and blanks (zip code for US).	x(15)	T	15		Comments: This left-justified field contains the five-digit zip code, and may include the four-digit expanded zip code in which the patient is located. Examples: If the zip code is 98765-4321, this field would reflect: 987654321. If the zip code is 98765, this field would reflect: 98765 left justified. REQUEST PATIENT SEGMENT.
569-J8	Payer ID	ID of the payer.	x(1Ø)	T	1Ø		Comments: Qualified by 'Payer ID Qualifier' (568-J7). RESPONSE INSURANCE SEGMENT.
568-J7	Payer ID Qualifier	Code indicating the type of payer ID.	x(2)	T	2	Blank=Not Specified Ø1=National Payer ID Ø2=Health Industry Number (HIN) Ø3=Bank Information Number (BIN) Ø4=National Association of Insurance Commissioners (NAIC) 99=Other	Comments: Qualifies 'Payer ID' (569-J8). RESPONSE INSURANCE SEGMENT.
559-AX	Percentage Sales Tax Amount Paid	Amount of percentage sales tax paid which is included in the 'Total Amount Paid' (5Ø9-F9).	s9(6)v99	T	8		Format=s$$$$$$cc Comments: Included in Prescription and Service Response. Examples: If the percentage sales tax paid is $3.62, this field would reflect: 36B. RESPONSE PRICING SEGMENT.

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
482-GE	Percentage Sales Tax Amount Submitted	Percentage sales tax submitted.	s9(6)v99	T	8		Format=s$$$$$$cc Comments: Included in prescription claim and service claim request. This amount is included in the 'Gross Amount Due' (43Ø-DU). Examples: If the percentage sales tax amount submitted is $4.47, this field would reflect: 44G. REQUEST PRICING SEGMENT.
561-AZ	Percentage Sales Tax Basis Paid	Code indicating the percentage sales tax paid basis.	x(2)	T	2	Blank=Not Specified Ø1=Gross Amount Due Ø2=Ingredient Cost Ø3=Ingredient Cost + Dispensing Fee	RESPONSE PRICING SEGMENT.
484-JE	Percentage Sales Tax Basis Submitted	Code indicating the basis for percentage sales tax.	x(2)	T	2	Blank=Not Specified Ø1=Gross Amount Due Ø2=Ingredient Cost Ø3=Ingredient Cost + Dispensing Fee	REQUEST PRICING SEGMENT.
56Ø-AY	Percentage Sales Tax Rate Paid	Percentage sales tax rate used to calculate 'Percentage Sales Tax Amount Paid' (559-AX).	s9(3)v4	T	7		Format=s999.9999 RESPONSE PRICING SEGMENT.
483-HE	Percentage Sales Tax Rate Submitted	Percentage sales tax rate used to calculate 'Percentage Sales Tax Amount Submitted' (482-GE).	s9(3)v4	T	7		Format=s999.9999 REQUEST PRICING SEGMENT.
3Ø3-C3	Person Code	Code assigned to a specific person within a family.	x(3)	C,D,P,M R,T	3		Comments: Person Code is optionally used in conjunction with the Cardholder ID, Field 3Ø2-C2, to uniquely identify family members within the cardholder ID. REQUEST INSURANCE SEGMENT.
829-5L	Pharmacy Address	The street address for a pharmacy.	x(2Ø)	C,D	2Ø		
83Ø-5M	Pharmacy Count	Total number of pharmacies on a tape or batch type file.	9(4)	C,D,P	4		
6Ø1-45	Pharmacy ID Code	Code assigned to identify the pharmacy.	x(17)	R	17		

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
6Ø1-46	Pharmacy ID Qualifier	Identifies the type of data being submitted in the Pharmacy ID Code field.	x(1)	R	1	C=Contracting Organization (PMO) assigned ID number D=DEA number F=Federal Tax ID number H=HIBCC HIN M=Manufacturer (PICO) assigned ID number N=NCPDP Provider Identification Number P=National Provider ID (NPI) T=Telephone number Z=Mutually agreed upon ID number	
831-5N	Pharmacy Location City	City of pharmacy.	x(18)	C,D	18		
832-6F	Pharmacy Location State	State abbreviation of pharmacy.	x(2)	C,D	2	See Appendix L - United States and Canadian Province Postal Service Abbreviations	
833-5P	Pharmacy Name	Name of pharmacy.	x(2Ø)	C,D	2Ø		
834-5Q	Pharmacy Telephone Number	Telephone number of pharmacy.	9(1Ø)	C,D	1Ø		Format=AAAEEENNNN AAA=Area Code EEE-Exchange Code NNNN=Number
835-5R	Pharmacy Zip Code	This field identifies the expanded zip code of the pharmacy.	x(9)	C,D,R	9		Comments: This left-justified field contains the five-digit zip code, and may include the four-digit expanded zip code in which the pharmacy is located.
6ØØ-91	Plan Affiliation Parent Plan ID	ID assigned to the parent plan.	x(17)	R	17		
6ØØ-92	Plan Affiliation Parent Plan ID Qualifier	Identifies the type of data being submitted in the Plan Affiliation Parent Plan ID field.	x(1)	R	1	C=Contracting Organization (PMO) assigned ID number D=DEA number F=Federal Tax ID number H=HIBCC HIN M=Manufacturer (PICO) assigned ID number P=National Provider ID (NPI) T=Telephone number Z=Mutually agreed upon ID number	
6ØØ-93	Plan Degree Managed	Identifies the level of formulary management.	x(4)	R	4		See Appendix E in the Manufacturer Rebates Utilization, Plan and Formulary Flat File Format Implementation Guide.

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
524-FO	Plan ID	Assigned by the processor to identify a set of parameters, benefit, or coverage criteria used to adjudicate a claim.	x(8)	M,T	8		REQUEST INSURANCE SEGMENT. RESPONSE INSURANCE SEGMENT.
6ØØ-94	Plan ID Code	ID assigned to identify the plan.	x(17)	R	17		
734	Plan ID Effective Date	Date on which the specified plan goes into effect. The date is required if the Plan ID is submitted.	9(8)	M	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day
733	Plan ID Extension	Additional information to describe the benefit plan.	x(8)	M	8		
6ØØ-95	Plan ID Qualifier	Identifies the type of data being submitted in the Plan ID Code field.	x(1)	R	1	C=Contracting Organization (PMO) assigned ID number D=DEA number F=Federal Tax ID number H=HIBCC HIN M=Manufacturer (PICO) assigned ID number P=National Provider ID (NPI) T=Telephone number Z=Mutually agreed upon ID number	
6ØØ-96	Plan Name	The name of the plan.	x(3Ø)	R	3Ø		
6Ø1-47	Plan Reimbursement Amount	The amount that the plan reimburses the pharmacy.	9(11)*b* or 9(11)-	R	12		Format=999999999999*b* or 99999999999- Note *b* = Space - = Negative Sign
6Ø1-48	Plan Reimbursement Qualifier	Identifies the content of the data submitted in the Plan Reimbursement Amount field.	x(1)	R	1	1=Includes dispensing fee 2=Excludes dispensing fee	
6ØØ-97	Plan Total Adjudicators Records	Total number of Adjudicators Records being submitted for the plan.	9(4)*b*	R	5		Format=9999*b* Note *b* = Space
6ØØ-98	Plan Total Formulary Benefit Design Records	Total number of Formulary Benefit Design Records being submitted for the plan.	9(4)*b*	R	5		Format=9999*b* Note *b* = Space

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
6ØØ-99	Plan Total Mail Order Records	Total number of Mail Order Records being submitted for the plan.	9(4)*b*	R	5		Format=9999*b* Note *b* = space
6Ø1-Ø1	Plan Type	Identifies the type of plan.	x(4)	R	4		See Appendix C in the Manufacturer Rebates Utilization, Plan and Formulary Flat File Format Implementation Guide.
6Ø1-Ø2	Plan Type Service	Indicates the type of service for the plan.	x(4)	R	4		See Appendix D in the Manufacturer Rebates Utilization, Plan and Formulary Flat File Format Implementation Guide.
428-DS	Postage Amount Claimed	Dollar amount of postage claimed.	s9(2)v99	C,D,P	4		Format=s$$cc
555-AT	Preferred Product Copay Incentive	Amount of patient's copay/cost-share incentive for preferred product.	s9(6)v99	T	8		Format=s$$$$$$cc Examples: If the preferred product copay is $6.ØØ this field would reflect: 6Ø{. RESPONSE CLAIM SEGMENT.
551-9F	Preferred Product Count	Count of preferred product occurrences.	9(1)	T	1		Comments: Fields included in the set/logical grouping are: 'Preferred Product ID Qualifier' (552-AP) 'Preferred Product ID' (553-AR) 'Preferred Product Incentive' (554-AS) 'Preferred Product Copay Incentive' (555-AT) 'Preferred Product Description' (556-AU) RESPONSE CLAIM SEGMENT.
556-AU	Preferred Product Description	Free text message.	x(4Ø)	T	4Ø		RESPONSE CLAIM SEGMENT.
553-AR	Preferred Product ID	Alternate product recommended by the plan.	x(19)	T	19		Comments: Qualified by 'Preferred Product ID Qualifier' (552-AP). RESPONSE CLAIM SEGMENT.
552-AP	Preferred Product ID Qualifier	Code qualifying the type of product ID submitted in 'Preferred Product ID' (553-AR).	x(2)	T	2	See Appendix K - Product/Service Qualifier	RESPONSE CLAIM SEGMENT.

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
554-AS	Preferred Product Incentive	Amount of pharmacy incentive available for substitution of preferred product.	s9(6)v99	T	8		Format=s$$$$$$cc Examples: If the preferred product incentive is $2.5Ø, this field would reflect: 25{. RESPONSE CLAIM SEGMENT.
335-2C	Pregnancy Indicator	Code indicating the patient as pregnant or non-pregnant.	x(1)	T	1	Blank=Not Specified 1=Not pregnant 2=Pregnant	REQUEST PATIENT SEGMENT.
411-DB	Prescriber ID	ID assigned to the prescriber.	x(15)	T	15		Comments: Qualified by 'Prescriber ID Qualifier' (466-EZ). REQUEST PRESCRIBER SEGMENT.
466-EZ	Prescriber ID Qualifier	Code qualifying the 'Prescriber ID' (411-DB).	x(2)	T	2	Blank=Not Specified Ø1=National Provider Identifier (NPI) Ø2=Blue Cross Ø3=Blue Shield Ø4=Medicare Ø5=Medicaid Ø6=UPIN Ø7=NCPDP Provider ID Ø8=State License Ø9=Champus 1Ø=Health Industry Number (HIN) 11=Federal Tax ID 12=Drug Enforcement Administration (DEA) 13=State Issued 14=Plan Specific 99=Other	REQUEST PRESCRIBER SEGMENT.
427-DR	Prescriber Last Name	Individual last name.	x(15)	F,C,D,P,T	15		Comments: This field is used sometimes when a prescriber number is unknown or not available. Examples: Brown REQUEST PRESCRIBER SEGMENT.
467-1E	Prescriber Location Code	Location address code assigned to the prescriber as identified in the National Provider System (NPS).	x(3)	T	3		REQUEST PRESCRIBER SEGMENT.

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
498-PM	Prescriber Phone Number	Ten digit phone number of the prescriber.	9(1Ø)	F,T	1Ø		Format=AAAEEENNNN AAA=Area Code EEE=Exchange Code NNNN=Number Examples: This field would reflect the telephone number of (414)555-1212 as 4145551212. REQUEST PRESCRIBER SEGMENT.
419-DJ	Prescription Origin Code	Code indicating the origin of the prescription.	9(1)	T	1	Ø=Not Specified 1=Written 2=Telephone 3=Electronic 4=Facsimile	REQUEST CLAIM SEGMENT.
6Ø1-49	Prescription Type	Identifies the prescription as either a new/refill, an adjusted prescription or a reversal.	9(1)*b* or 9(1)-	R	2	1*b* =New/Refill Ø*b* =Adjustment 1-=Reversal	
4Ø2-D2	Prescription/ Service Reference Number	Reference number assigned by the provider for the dispensed drug/product and/or service provided.	9(7)	T	7		Qualified by 'Prescription/Service Reference Number Qualifier' (455-EM). REQUEST CLAIM SEGMENT. RESPONSE CLAIM SEGMENT.
455-EM	Prescription/ Service Reference Number Qualifier	Indicates the type of billing submitted.	x(1)	T	1	Blank=Not Specified 1=Rx Billing 2=Service Billing	Comments: Qualifies 'Prescription/Service Reference Number' (4Ø2-D2). REQUEST CLAIM SEGMENT. RESPONSE CLAIM SEGMENT.
53Ø-FU	Previous Date of Fill	Date prescription was previously filled.	9(8)	T	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day Examples: If the prescription was previously filled on August 1, 1999, this field would reflect: 1999Ø8Ø1. RESPONSE DUR/PPS SEGMENT.

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
737	Primary Care Provider Effective Date	Date on which primary care provider is effective for member. Required if Primary Care Provider ID is submitted.	9(8)	M	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day
421-DL	Primary Care Provider ID	ID assigned to the primary care provider. Used when the patient is referred to a secondary care provider.	x(15)	T	15		Comments: Qualified by 'Primary Care Provider ID Qualifier' (468-2E). REQUEST PRESCRIBER SEGMENT.
468-2E	Primary Care Provider ID Qualifier	Code qualifying the 'Primary Care Provider ID' (421-DL).	x(2)	T	2	Blank=Not Specified Ø1=National Provider Identifier (NPI) Ø2=Blue Cross Ø3=Blue Shield Ø4=Medicare Ø5=Medicaid Ø6=UPIN Ø7=NCPDP Provider ID Ø8=State License Ø9=Champus 1Ø=Health Industry Number (HIN) 11=Federal Tax ID 12=Drug Enforcement Administration (DEA) 13=State Issued 14=Plan Specific 99=Other	REQUEST PRESCRIBER SEGMENT.
47Ø-4E	Primary Care Provider Last Name	Individual last name.	x(15)	T	15		REQUEST PRESCRIBER SEGMENT.
469-H5	Primary Care Provider Location Code	Location address code assigned to the primary care provider as identified in the National Provider System (NPS).	x(3)	T	3		REQUEST PRESCRIBER SEGMENT.
739	Primary Pharmacy Effective Date	Date on which primary pharmacy is effective for member. Required if primary pharmacy is submitted.	x(8)	M	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
738	Primary Pharmacy ID	Identifies the pharmacy, chain, or Preferred Provider Organization (PPO) that the member must use in order to obtain benefits.	9(12)	M	12		
498-RB	Prior Authorization Dollars Authorized	Amount authorized in the prior authorization.	s9(6)v99	T	8		Format= s$$$$$$cc Examples: Provided to the pharmacy by the processor to be used by the pharmacy to bill the plan. If the prior authorization dollars authorized is $76.ØØ this field would reflect: 76Ø{. RESPONSE PRIOR AUTHORIZATION SEGMENT.
498-PS	Prior Authorization Effective Date	Date the prior authorization became effective.	9(8)	F,T	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day Comments: Provided by the processor to the pharmacy to indicate the date on which the prior authorization became effective. RESPONSE PRIOR AUTHORIZATION SEGMENT.
498-PT	Prior Authorization Expiration Date	Date the prior authorization ends.	9(8)	F,T	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day Comments: Provided by the processor to the pharmacy to indicate the date on which the prior authorization approval expires. RESPONSE PRIOR AUTHORIZATION SEGMENT.

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
416-DG	Prior Authorization/ Medical Certification Code And Number	Value indicating prior authorization or medical certification occurred, and the number associated with the code in the left most position.	9(12)	C,D	12	Ø=Not specified 1=Prior authorization 2=Medical certification 3=EPSDT 4=Exemption from co-pay 5=Exemption from prescription limits 6=Family planning indicator 7=AFDC 8=Payor defined exemption	Format=VNNNNNNNNNNN Comments: V = Prior Authorization/Medical Certification Code And Number must be left justified in the full field. The remaining 11 digits must be right justified and zero filled for V.
498-PW	Prior Authorization Number Of Refills Authorized	Number of refills authorized by the prior authorization.	9(2)	T	2		RESPONSE PRIOR AUTHORIZATION SEGMENT.
462-EV	Prior Authorization Number Submitted	Number submitted by the provider to identify the prior authorization.	9(11)	T	11		REQUEST CLAIM SEGMENT.
498-PY	Prior Authorization Number-Assigned	Unique number identifying the prior authorization assigned by the processor.	9(11)	F,T	11		Comments: Provided to the pharmacy by the processor to be used by the pharmacy for billing, and if applicable, reversal purposes. REQUEST PRIOR AUTHORIZATION SEGMENT. RESPONSE PRIOR AUTHORIZATION SEGMENT.
498-PR	Prior Authorization Processed Date	Date the prior authorization request was processed.	9(8)	F,T	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day Comments: Provided by the processor to the pharmacy to indicate the date on which the prior authorization transaction was processed. RESPONSE PRIOR AUTHORIZATION SEGMENT.
498-RA	Prior Authorization Quantity	Amount authorized expressed in metric decimal units.	9(7)v999	T	1Ø		Format=9999999.999 Comments: Provided to the pharmacy by the processor to allow the pharmacy to dispense the number of units authorized. RESPONSE PRIOR AUTHORIZATION SEGMENT.

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
498-PX	Prior Authorization Quantity Accumulated	Accumulated authorized amount expressed in metric decimal units.	9(7)v999	T	1Ø		Format=9999999.999 Comments: Provided to the pharmacy by the processor to be used by the pharmacy for billing, and if applicable, reversal purposes. RESPONSE PRIOR AUTHORIZATION SEGMENT.
498-PP	Prior Authorization Supporting Documentation	Free text message.	x(1)-x(5ØØ)	T	1-5ØØ		Comments: Could be used, if applicable, to supply information not already included in NCPDP data fields that may be required to process a prior authorization transaction. REQUEST PRIOR AUTHORIZATION SEGMENT.
461-EU	Prior Authorization Type Code	Code clarifying the 'Prior Authorization Number' (462-EV).	9(2)	T	2	Ø=Not Specified 1=Prior Authorization 2=Medical Certification 3=EPSDT (Early Periodic Screening Diagnosis Treatment) 4=Exemption from Copay 5=Exemption from RX 6=Family Plan. Indic. 7=AFDC (Aid to Families with Dependent Children) 8=Payer Defined Exemption	REQUEST CLAIM SEGMENT.
459-ER	Procedure Modifier Code	Identifies special circumstances related to the performance of the service.	x(2)	T	2		Available from: Health Care Financing Administration 7500 Security Blvd. Baltimore, MD 21244 REQUEST CLAIM SEGMENT.
458-SE	Procedure Modifier Code Count	Count of the 'Procedure Modifier Code' (459-ER) occurrences.	9(1)	T	1		REQUEST CLAIM SEGMENT.
7Ø8	Process Begin Date	Earliest process date contained between the data header and data trailer segments.	9(8)	M	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day Comments: Begin date of the period in which this record was processed by the submitter.

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
7Ø4	Process Date	Date on which file is created.	9(8)	M	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day
7Ø9	Process End Date	Latest process date contained between the data header and data trailer segments.	9(8)	M	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day Comments: End date of the period in which this record was processed by the submitter.
7Ø5	Process Time	The time file or record was created.	9(6)	M	6		Format=HHMMSS HH=Hours MM=Minutes SS=Seconds
836-5S	Processor Address	Address of the processor corresponding to field 84Ø-5W.	x(2Ø)	C,D	2Ø		
1Ø4-A4	Processor Control Number	Number assigned by the processor.	x(1Ø)	T,M	1Ø		REQUEST TRANSACTION HEADER SEGMENT.
752	Processor Defined Data	Contains data elements mutually defined by processor/ originator.	x(176)	M	176		
7Ø7	Processor Indicator	Description of file contents and corresponding action to be taken by processor.	x(1)	M	1	A=Active only: will generate update transaction for maintenance processing R=Replacement: for complete file replacement C=Comparison: file compare only-no updates F=Full file: actives and terms	
837-5T	Processor Location City	The name of the city in which the processor is located, corresponding to field 84Ø-5W.	x(18)	C,D	18		
838-5U	Processor Location State	The name of the state in which the processor is located, corresponding to field 84Ø-5W.	x(2)	C,D	2	See Appendix L - United States and Canadian Province Postal Service Abbreviations	

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
839-5V	Processor Name	Name of the processor.	x(2Ø)	C,D,M	2Ø		
84Ø-5W	Processor Number	Number assigned by NCPDP to identify the source of the claim billing file and the source of the payment file.	x(1Ø)	C,D,P	1Ø		
841-5X	Processor Telephone Number	Telephone number of processor corresponding to field 84Ø-5W.	9(1Ø)	C,D	1Ø		Format=AAAEEENNNN AAA=Area Code EEE=Exchange Code NNNN=Number
842-5Y	Processor Zip Code	This field identifies the expanded zip code of the processor, corresponding to field 84Ø-5W.	x(9)	C,D	9		Comments: This left-justified field contains the five-digit zip code, and may include the four-digit expanded zip code in which the processor is located.
6Ø1-18	Product Code	Code identifying the product being reported.	x(17)	R	17		
6Ø1-19	Product Code Qualifier	Identifies the type of data being submitted in the Product Code field.	x(1)	R	1	1=First DataBank GCN 2=Medispan GPI 3=First DataBank GC3 4=Medispan DDID 9=Nine-digit NDC A=American Hospital Formulary Service (AHFS) C=Contracting organization (PMO) assigned code M=Manufacturer (PICO) assigned code N=Eleven-digit NDC O=UPC (OTCS) P=Product group (brand or generic name) U=Universal System of Classification (USC) Z=Mutually agreed upon code	
6Ø1-2Ø	Product Description	Description of product being submitted.	x(3Ø)	R	3Ø		
6Ø1-21	Product Dosage Form	The dosage form of the reported product.	x(15)	R	15		
6Ø1-22	Product Formulary Status Code	Identifies the formulary status of the product.	x(4)	R	4		See Appendix G in the Manufacturer Rebates Utilization, Plan and Formulary Flat File Format Implementation Guide.

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
6Ø1-23	Product Generic Name	The generic name of the product identified in the Product Code field 6Ø1-18.	x(3Ø)	R	3Ø		
6Ø1-24	Product Strength	The strength of the product identified in the Product Code field 6Ø1-18.	x(15)	R	15		
4Ø7-D7	Product/Service ID	ID of the product dispensed or service provided.	x(19)	T	19		Format=MMMMMDDDDPP MMMMM=Manufacturer's Assigned Number DDDD=Drug ID PP=Package Size Comments: Qualified by 'Product/Service ID Qualifier' (436-E1) If 'Product Service ID Qualifier' (436-E1) is Ø1=NDC REQUEST CLAIM SEGMENT.
436-E1	Product/Service ID Qualifier	Code qualifying the value in 'Product/Service ID' (4Ø7-D7).	x(2)	T	2	See Appendix K - Product/Service Qualifier	REQUEST CLAIM SEGMENT.
44Ø-E5	Professional Service Code	Code identifying pharmacist intervention when a conflict code has been identified or service has been rendered.	x(2)	T	2	ØØ=No intervention AS=Patient assessment CC=Coordination of care DE=Dosing evaluation/determination FE=Formulary enforcement GP=Generic product selection MA=Medication administration MØ=Prescriber consulted MR=Medication review PE=Patient education/instruction PH=Patient medication history PM=Patient monitoring PØ=Patient consulted PT=Perform laboratory test RØ=Pharmacist consulted other source RT=Recommend laboratory test SC=Self-care consultation SW=Literature search/review TC=Payer/processor consulted TH=Therapeutic product interchange	Examples: If the pharmacist spoke with the patient as a result of a conflict code being transmitted on a prescription, the field would reflect PØ. REQUEST DUR/PPS SEGMENT.

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
562-J1	Professional Service Fee Paid	Amount representing the contractually agreed upon fee for professional services rendered. This amount is included in the 'Total Amount Paid' (5Ø9-F9).	s9(6)v99	T	8		Format=s$$$$$$cc Comments: Included in the Service Response. Examples: If the professional service fee paid is $5.5Ø this field would reflect: 55{. RESPONSE PRICING SEGMENT.
477-BE	Professional Service Fee Submitted	Amount submitted by the provider for professional services rendered.	s9(6)v99	T	8		Format=s$$$$$$cc Comments: Included in the Service Request. This amount is included in the 'Gross Amount Due' (43Ø-DU). Examples: If the Professional Service Fee Submitted is $7.ØØ, this field would reflect: 7Ø{. REQUEST PRICING SEGMENT.
444-E9	Provider ID	Unique ID assigned to the person responsible for the dispensing of the prescription or provision of the service.	x(15)	T	15		Comments: Qualified by 'Provider ID Qualifier' (465-EY). REQUEST PHARMACY PROVIDER SEGMENT.
465-EY	Provider ID Qualifier	Code qualifying the 'Provider ID' (444-E9).	x(2)	T	2	Blank=Not Specified Ø1=Drug Enforcement Administration (DEA) Ø2=State License Ø3=Social Security Number (SSN) Ø4=Name Ø5=National Provider Identifier (NPI) Ø6=Health Industry Number (HIN) Ø7=State Issued 99=Other	REQUEST PHARMACY PROVIDER SEGMENT.
442-E7	Quantity Dispensed	Quantity dispensed expressed in metric decimal units.	9(7)v999	T	1Ø		Format=9999999.999 REQUEST CLAIM SEGMENT.
344-HF	Quantity Intended To Be Dispensed	Metric decimal quantity of medication that would be dispensed on original filling if inventory were available. Used in association with a 'P' or 'C' in 'Dispensing Status' (343-HD).	9(7)V999	T	1Ø		Format=9999999.999 If sending this field, an assumption is made that 'Days Supply Intended To Be Dispensed' (345-HG) is also sent. REQUEST CLAIM SEGMENT.

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
531-FV	Quantity Of Previous Fill	Amount expressed in metric decimal units of the conflicting agent that was previously filled.	9(7)v999	T	1Ø		Format=9999999.999 RESPONSE DUR/PPS SEGMENT.
46Ø-ET	Quantity Prescribed	Amount expressed in metric decimal units.	9(7)v999	T	1Ø		Format=9999999.999 REQUEST CLAIM SEGMENT.

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FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
439-E4	Reason For Service Code (Continued....)	Code identifying the type of utilization conflict detected or the reason for the pharmacist's professional service.	x(2)	T	2	AD=Additional Drug Needed AN=Prescription Authentication AR=Adverse Drug Reaction AT=Additive Toxicity **CD=Chronic Disease Management** CH=Call Help Desk CS=Patient Complaint/Symptom DA=Drug-Allergy DC=Drug-Disease (Inferred) DD=Drug-Drug Interaction DF=Drug-Food interaction DI=Drug Incompatibility DL=Drug-Lab Conflict DM=Apparent Drug Misuse DS=Tobacco Use ED=Patient Education/Instruction ER=Overuse EX=Excessive Quantity HD=High Dose IC=Iatrogenic Condition ID=Ingredient Duplication LD=Low Dose **LK=Lock In Recipient** LR=Underuse MC=Drug-Disease (Reported) MN=Insufficeint Duration MS=Missing Information/Clarification MX=Excessive Duration NA=Drug Not Available NC=Non-covered Drug Purchase ND=New Disease/Diagnosis NF=Non-Formulary Drug NN=Unnecessary Drug NP=New Patient Processing NR=Lactation/Nursing Interaction NS=Insufficient Quantity OH=Alcohol Conflict PA=Drug-Age PC=Patient Question/Concern PG=Drug-Pregnancy **PH=Preventive Health Care** PN=Prescriber Consultation PP=Plan Protocol PR=Prior Adverse Reaction PS=Product Selection Opportunity **RE=Suspected Environmental Risk** RF=Health Provider Referral	REQUEST DUR/PPS SEGMENT. RESPONSE DUR/PPS SEGMENT.

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
439-E4	Reason for Service Code (Continued from previous page)	Code identifying the type of utilization conflict detected or the reason for the pharmacist's professional service.	x(2)	T	2	**SC=Suboptimal Compliance** SD=Suboptimal Drug/Indication SE=Side Effect SF=Suboptimal Dosage Form SR=Suboptimal Regimen SX=Drug-Gender TD=Therapeutic TN=Laboratory Test Needed TP=Payer/Processor Question	REQUEST DUR/PPS SEGMENT. RESPONSE DUR/PPS SEGMENT.
6Ø1-5Ø	Rebate Batch Number	Unique number identifying the batch being submitted.	x(15)	R	15		Comments: Can be invoice number.
6Ø1-51	Rebate Days Supply	Days supply of the product being reported.	9(3)*b* or 9(3)-	R	4		Format=999*b* or 999- Note *b* = Space - = Negative Sign
6Ø1-52	Rebate Per Unit Amount	Amount per unit being submitted.	9(5)v99999 9*b* or 9(5)v99999 9-	R	12		Format=99999v999999*b* or 99999v999999- Note *b* = Space - = Negative Sign
6ØØ-39	Rebate Period End Date	Last day of the rebate period.	9(8)	R	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day
6ØØ-38	Rebate Period Start Date	First day of the rebate period.	9(8)	R	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day
6Ø1-Ø3	Rebate Version Release Number	Version and release number of standard being submitted.	x(5)	R	5		Format=VV.RR VV=Version RR=Release
751	Record Count	Record count within submitted enrollment batch files. This count will be a different value depending upon the enrollment segment in which this count is kept.	9(1Ø)	B,M	1Ø		Comments: Data trailer segment record count = total number of enrollment segments in the processor set. File trailer segment record count = total number of enrollment segments in the entire file.

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
843-5Z	Record Identifier	Indicator at the beginning of the record that determines type of record.	9(1)	C,D,P	1	Claims Billing Tape and Diskette Billing Ø=Processor Record 2=Pharmacy Record 4=Claim Record 6=Batch Control Record 8=Diskette and Tape Batch Control Record --- Payment Tape 1=Carrier Record 3=Pharmacy Record 5=Payment Record 7=Pharmacy Batch Control Record 9=Tape Batch Control Record	
6Ø1-53	Record Purpose Indicator	Identifies the purpose of the record being submitted.	x(1)	R	1	M=Submitted for market share calculation O=Other reported utilization R=Submitted for rebate utilization	
6Ø1-Ø4	Record Type	Type of record being submitted.	x(2)	R	2	AD=Adjudicator FB=Formulary Benefit Design FO=Formulary FP=Formulary Product HD=Header MO=Mail Order PD=Plan Detail UD=Utilization Detail TR=Trailer	
6Ø1-54	Reimbursement Date	Date provider was reimbursed for product being reported.	9(8)	R	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day
511-FB	Reject Code	Code indicating the error encountered.	x(3)	T	3	See Appendix F - reject code listing	RESPONSE STATUS SEGMENT.
51Ø-FA	Reject Count	Count of 'Reject Code' (511-FB) occurrences.	9(2)	B,T	2		RESPONSE STATUS SEGMENT.
546-4F	Rejected Field Occurrence Indicator	Identifies the counter number or occurrence of the field that is being rejected. Used to indicate rejects for repeating fields.	9(2)	T	2		RESPONSE STATUS SEGMENT.

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
74Ø	Relationship Coverage Effective Date	Used to determine the effective date of relationship coverage flags.	9(8)	M	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day Comments: Required if relationship coverage flags are submitted.
514-FE	Remaining Benefit Amount	Amount remaining in a patient/family plan with a periodic maximum benefit.	s9(6)v99	T	8		Format=s$$$$$$cc Note: ØØØØØØØE (No benefit remaining) Examples: Patient has $1ØØ.ØØ benefits. The patient pays $4Ø.ØØ for a prescription. The remaining benefit amount would be $6Ø.ØØ, and this field would reflect: 6ØØ{. RESPONSE PRICING SEGMENT.
513-FD	Remaining Deductible Amount	Amount not met by the patient/family in the deductible plan.	s9(6)v99	T	8		Format=s$$$$$$cc Examples: The patient has $5Ø.ØØ deductible. The patient pays $2Ø.ØØ for a prescription. The remaining deductible is $3Ø.ØØ, and this field would reflect: 3ØØ{. RESPONSE PRICING SEGMENT.
6Ø1-Ø5	Reporting Period End Date	The last day of the period being reported in the plan flat file.	9(8)	R	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day
6Ø1-Ø6	Reporting Period Start Date	The first day of the period being reported in the plan flat file.	9(8)	R	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
498-PB	Request Period Date-Begin	Beginning date for a prior authorization request.	9(8)	F,T	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day Comments: Used by processor to determine starting date of a prior authorization request. REQUEST PRIOR AUTHORIZATION SEGMENT.
498-PC	Request Period Date-End	Ending date for a prior authorization request.	9(8)	F,T	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day Comments: Used by processor to determine the ending date for a prior authorization request. REQUEST PRIOR AUTHORIZATION SEGMENT.
498-PA	Request Type	Code identifying type of prior authorization request.	x(1)	F,T	1	1=Initial 2=Reauthorization 3=Deferred	Comments: Used by processor to distinguish reason for prior authorization request. REQUEST PRIOR AUTHORIZATION SEGMENT.
6Ø1-55	Requested Rebate Amount	The total rebate being requested for the reported product.	9(9)v99*b* or (9)v99-	R	12		Format=999999999v99*b* or 999999999v99- Note *b* = Space - = Negative Sign
844-6A	Resubmission Cycle Count	Number of times claims submitted.	9(2)	C,D	2	Ø=Original Submission 1=First Re-submission 2=Second Re-submission	

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
441-E6	Result of Service Code	Action taken by a pharmacist in response to a conflict or the result of a pharmacist's professional service.	x(2)	T	2	ØØ=Not Specified 1A=Filled As Is, False Positive 1B=Filled Prescription As Is 1C=Filled, With Different Dose 1D=Filled, With Different Directions 1E=Filled, With Different Drug 1F=Filled, With Different Quantity 1G=Filled, With Prescriber Approval 1H=Brand-to-Generic Change 1J=Rx-to-OTC Change 1K=Filled with Different Dosage Form 2A=Prescription Not Filled 2B=Not Filled, Directions Clarified 3A=Recommendation Accepted 3B=Recommendation Not Accepted 3C=Discontinued Drug 3D=Regimen Changed 3E=Therapy Changed 3F=Therapy Changed-cost increased acknowledged 3G=Drug Therapy Unchanged 3H=Follow-Up/Report 3J=Patient Referral **3K=Instructions Understood** 3M=Compliance Aid Provided **3N=Medication Administered**	REQUEST DUR/PPS SEGMENT.
845-6B	Run Date	Date on which the file was generated by carrier.	9(8)	C,D,P	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day
454-EK	Scheduled Prescription ID Number	The serial number of the prescription blank/form.	x(12)	T	12		REQUEST CLAIM SEGMENT.

DATA DICTIONARY

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
111-AM	Segment Identification	Identifies the segment in the request and/or response.	x(2)	T	2	Blank=Not Specified Ø1=Patient Ø2=Pharmacy Provider Ø3=Prescriber Ø4=Insurance Ø5=Coordination of Benefits/Other Payments Ø6=Worker's Compensation Ø7=Claim Ø8=DUR/PPS Ø9=Coupon 1Ø=Compound 11=Pricing 12=Prior Authorization 13=Clinical 2Ø=Response Message 21=Response Status 22=Response Claim 23=Response Pricing 24=Response DUR/PPS 25=Response Insurance 26=Response Prior Authorization	ALL SEGMENTS EXCEPT: TRANSACTION HEADER SEGMENT AND RESPONSE HEADER SEGMENT.
7Ø1	Segment Identifier	Unique record type required on Enrollment/Batch Transaction Standard.	x(2)	B,M	2	ØØ=File Control 1Ø=Data Header 2Ø=Enrollment Core 3Ø=Demographic 4Ø=Member Coverage 8Ø=Processor Defined 9Ø=Data Trailer 99=File Trailer G1=Detail Data Record	
88Ø-K1	Sender ID	An identification number assigned to the sender of the data by the processor/receiver of the data.	x(24)	B	24		
71Ø	Sequence Number	A unique number used to sequence multiple enrollee sets for a single enrollee.	9(2)	M	2	Ø1-99	See Section 1.6.5 of the Member Enrollment Standard Format.

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
2Ø1-B1	Service Provider ID	ID assigned to a pharmacy or provider.	x(15)	C,D,P,R,T	15		Comments: If NCPDP Pharmacy Number or Dispensing Physician ID number assigned by NCPDP, this is the following format: Format: SSNNNNC SS=State code or if dispensing physician (71-76) NNNN =Number assigned to specific pharmacy within the state C=Check digit with the remaining positions blank. The check digit is calculated as follows: If the pharmacy number is "123456" 1+3+5 = 9 (sum the 1st, 3rd, & 5th digits) +(2+4+6)x2 = 24 (2 times the sum of 2nd, 4th, & 6th digits) 33 (the units digit is the check digit) The check digit is "3", giving the full pharmacy number "1234563". Qualified by 'Service Provider ID Qualifier' (2Ø2-B2). REQUEST TRANSACTION HEADER SEGMENT. RESPONSE HEADER SEGMENT.
2Ø2-B2	Service Provider ID Qualifier	Code qualifying the 'Service Provider ID' (2Ø1-B1).	x(2)	T	2	Blank=Not Specified Ø1=National Provider Identifier (NPI) Ø2=Blue Cross Ø3=Blue Shield Ø4=Medicare Ø5=Medicaid Ø6=UPIN Ø7=NCPDP Provider ID Ø8=State License Ø9=Champus 1Ø=Health Industry Number (HIN) 11=Federal Tax ID 12=Drug Enforcement Administration (DEA) 13=State Issued 14=Plan Specific 99=Other	TRANSACTION HEADER SEGMENT. RESPONSE HEADER SEGMENT.

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
334-1C	Smoker/Non-Smoker Code	Code indicating the patient as a smoker or non-smoker.	x(1)	T	1	Blank=Not Specified 1=Non-Smoker 2=Smoker	REQUEST PATIENT SEGMENT.
722	Social Security Number	The social security number of the individual member.	9(9)	M	9		If the Social security Number is 555-66-7777, this field would reflect: 555667777.
11Ø-AK	Software Vendor/ Certification ID	ID assigned by the switch or processor to identify the software source.	x(1Ø)	T	1Ø		TRANSACTION HEADER SEGMENT.
742	Spouse Coverage Indicator	Identifying if the spouse is covered for Rx benefit.	x(1)	M	1	N=No Y=Yes	
6Ø1-Ø7	Start Date	The first day of eligibility.	9(8)	R	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day
729	State	Abbreviation of state in which member resides.	x(2)	M,R	2	See Appendix L - United States and Canadian Province Postal Service Abbreviations	
745	Student Coverage Indicator	Identifying if a student is eligible for Rx benefit.	x(1)	M	1	N=No Y=Yes	
746	Student Covered Through Age	The age through which students are covered.	9(3)	M	3		Comments: Required if student coverage indicator = Y.

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
42Ø-DK	Submission Clarification Code	Code indicating that the pharmacist is clarifying the submission.	9(2)	T	2	Ø=Not Specified, Default 1=No Override 2=Other Override 3=Vacation Supply-The pharmacist is indicating that the cardholder has requested a vacation supply of the medicine. 4=Lost Prescription-The pharmacist is indicating that the cardholder has requested a replacement of medication that has been lost. 5=Therapy Change-The pharmacist is indicating that the physician has determined that a change in therapy was required; either that the medication was used faster than expected, or a different dosage form is needed, etc. 6=Starter Dose-The pharmacist is indicating that the previous medication was a starter dose and now additional medication is needed to continue treatment. 7=Medically Necessary-The pharmacist is indicating that this medication has been determined by the physician to be medically necessary 8=Process Compound For Approved Ingredients 9=Encounters 99=Other	Examples: Since the patient will be out of state for the next three months, they have requested a three month supply of their medication. This situation can cause the claim to reject, because it was refilled too soon. By indicating an Ø3, the processor is made aware of the situation, and can properly adjudicate the claim. REQUEST CLAIM SEGMENT.
557-AV	Tax Exempt Indicator	Code indicating the payer as exempt from taxes.	x(1)	T	1	Blank=Not Specified 1=Tax Exempt 2=Not Tax Exempt	RESPONSE PRICING SEGMENT.
732	Telephone Number	Telephone number of the member.	9(1Ø)	M	1Ø		Format=AAAEEENNNN AAA=Area Code EEE=Exchange Code NNNN=Number
713	Termination Date	Date of the member's participation in this group coverage will continue through midnight of the termination date.	9(8)	M,R	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day
88Ø-K4	Text Indicator	This field is used to identify the beginning and ending of the data record.	x(1)	B	1		Comments: Start of text (STX)=x'Ø2' End of text (ETX)=x'Ø3'

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
6Ø1-25	Therapeutic Class Code	Code assigned to product being reported.	x(17)	R	17		
6Ø1-26	Therapeutic Class Code Qualifier	Identifies type of data being submitted in the Therapeutic Class Code field.	x(1)	R	1	1=First DataBank GCN 2=Medispan GPI 3=First DataBank GC3 4=Medispan DDID A=American Hospital Formulary Service (AHFS) Code C=Contracting Organization (PMO) Assigned Code M=Manufacturer (PICO) Assigned Code U=Universal System of Classification Code (USC) Z=Mutually Agreed Upon Code	
6Ø1-27	Therapeutic Class Description	A text description of the Therapeutic Class Code field 6Ø1-25.	x(3Ø)	R	3Ø		
6Ø1-28	Therapeutic Use Code	Code assigned by contracting organization to identify the therapeutic use of the product being reported.	x(17)	R	17		
6Ø1-29	Therapeutic Use Description	A text description of the Therapeutic Use Code field 6Ø1-28.	x(3Ø)	R	3Ø		
846-6C	Third Party Type	Type of claim.	x(1)	C,D	1	M=Government P=Private	
5Ø9-F9	Total Amount Paid	Total amount to be paid by the claims processor (i.e. pharmacy receivable). Represents a sum of 'Ingredient Cost Paid' (5Ø6-F6), 'Dispensing Fee Paid' (5Ø7-F7), 'Flat Sales Tax Amount Paid' (558-AW), 'Percentage Sales Tax Amount Paid' (559-AX), 'Incentive Amount Paid' (521-FL), 'Professional Service Fee Paid' (562-J1), 'Other Amount Paid' (565-J4), less 'Patient Pay Amount' (5Ø5-F5) and 'Other Payer Amount Recognized' (566-J5).	s9(6)v99	T	8		Comments: Format=s$$$$$$cc Examples: Ingredient Cost Paid (5Ø6-F6)=$2Ø.ØØ+ Dispensing Fee Paid (5Ø7-F7)=2.ØØ+ Flat Sales Tax Amount Paid (558-AW)=1.ØØ+ Percentage Sales Tax Amount Paid (559-AX)=.ØØ+ Incentive Amount Paid (521-FL)=ØØ+ Other Amount Paid (565-J4)=.ØØ+ Professional Service Fee Paid (562-J1)=.ØØ- Patient Pay Amount (5Ø5-F5)=5.ØØ- Other Payer Amount Recognized (566-J5)=3.ØØ = Total Amount Paid (5Ø9-F9) =$15.ØØ This field would reflect: 15Ø{ RESPONSE PRICING SEGMENT.

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
6Ø1-3Ø	Total Number of Formularies	Total number of "FO" records in the submission.	9(9)*b* or 9(9)-	R	1Ø		Format=999999999*b* or 999999999- Note *b* = Space - = Negative Sign
6Ø1-Ø8	Total Number Of Plans	Total number of "PD" records in the submission.	9(9)*b* or 9(9)-	R	1Ø		Format=999999999*b* or 999999999- Note *b* = Space - = Negative Sign
6Ø1-Ø9	Total Record Count	Total number of records being submitted, including header and trailer.	9(1Ø)*b* or 9(1Ø)-	R	11		Format=9999999999*b* or 9999999999- Note *b* = Space - = Negative Sign
1Ø3-A3	Transaction Code	Code identifying the type of transaction.	x(2)	T	2	E1=Eligibility Verification B1=Billing B2=Reversal B3=Rebill P1=P.A. Request & Billing P2=P.A. Reversal P3=P.A. Inquiry P4=P.A. Request Only N1=Information Reporting N2=Information Reporting Reversal N3=Information Reporting Rebill C1=Controlled Substance Reporting C2=Controlled Substance Reporting Reversal C3=Controlled Substance Reporting Rebill	REQUEST TRANSACTION HEADER SEGMENT. RESPONSE HEADER SEGMENT.
1Ø9-A9	Transaction Count	Count of transactions in the transmission.	x(1)	T	1	Blank=Not Specified 1=One Occurrence 2=Two Occurrences 3=Three Occurrences 4=Four Occurrences	Field value defaults to '1'. A value >'1' applies to all transaction codes except 'E' and 'P" transactions. TRANSACTION HEADER SEGMENT. RESPONSE HEADER SEGMENT.

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
88Ø-K5	Transaction Reference Number	A reference number assigned by the claim provider to each of the data records in the batch. The purpose of this number is to facilitate the process of matching the claim response to the claim. The transaction reference number assigned to the claim is to be returned with the claim's corresponding reference number.	x(1Ø)	B	1Ø		Comments: To be assigned by provider.
112-AN	Transaction Response Status	Code indicating the status of the transaction.	x(1)	T	1	A=Approved C=Captured D=Duplicate of Paid F=PA Deferred P=Paid Q=Duplicate of Capture R=Rejected S=Duplicate of Approved	Comments: Used in the response status segment. RESPONSE STATUS SEGMENT.
6Ø1-56	Transmission Control Number	Unique number identifying the whole transmission.	x(9)	R	9		
6Ø1-1Ø	Transmission Date	Date the file was created.	9(8)	R	8		Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day
88Ø-K6	Transmission Type	A value to define the type of transmission being sent.	x(1)	B	1	T=Transaction R=Response E=Error	
429-DT	Unit Dose Indicator	Code indicating the type of unit dose dispensing.	9(1)	C,D,P,T	1	Ø=Not Specified 1=Not Unit Dose 2=Manufacturer Unit Dose 3=Pharmacy Unit Dose	REQUEST CLAIM SEGMENT.
6ØØ-28	Unit Of Measure	NCPDP standard product billing codes.	x(2)	R,T	2	EA=Each GM=Grams ML=Milliliters	REQUEST CLAIM SEGMENT.
426-DQ	Usual and Customary Charge	Amount charged cash customers for the prescription exclusive of sales tax or other amounts claimed.	s9(6)v99	T	8		Format=s$$$$$$cc Examples: If the usual and customary charge is $32.56, this field would reflect: 325F. REQUEST PRICING SEGMENT.

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
1Ø2-A2	Version/Release Number	Code uniquely identifying the transmission syntax and corresponding Data Dictionary.	x(2)	B,C,D,F M,P,T	2	Ø1=Version 1.Ø Ø3=Version 3.Ø 31=Version 3.1 32=Version 3.2 3A=Standard Claim/Reversal 3B=Workers Compensation 3C=Medicaid Claim/Reversal 33=Version 3.3 34=Version 3.4 35=Version 3.5 4Ø=Version 4.Ø 41=Version 4.1 42=Version 4.2 5Ø=Version 5.Ø ---------- 1Ø=1981 Format, Tape and Diskette 2Ø=1991 Format, Claims Billing, Payment Tape, Claim Diskette	TRANSACTION HEADER SEGMENT. RESPONSE HEADER SEGMENT.
73Ø	Zip Code	Zip code for member's address.	x(9)	M,R	9		

III. Appendix A - ALPHABETIC CROSS REFERENCE

ALPHABETIC CROSS REFERENCE

Name of Field	Field	Standard Formats
Accumulated Deductible Amount	512-FC	T
Action Code	711	M
Additional Message Information	526-FQ	T
Address Line 1	726	M,R
Address Line 2	727	M,R
Adjudicator ID Code	6ØØ -57	R
Adjudicator ID Qualifier	6ØØ-58	R
Adjudicator Name	6ØØ-59	R
Adjustment/Reject Code-1	8Ø1-5A	P
Adjustment/Reject Code-2	8Ø2-1A	P
Adjustment/Reject Code-3	8Ø3-1B	P
Alternate ID	33Ø-CW	T
Alternate ID Code	723	M
Alternate ID Number	724	M
Alternate Person Code	725	M
Amount Adjusted	872-3Z	P
Amount Applied To Periodic Deductible	517-FH	T
Amount Attributed To Product Selection	519-FJ	T
Amount Attributed To Sales Tax	523-FN	T
Amount Billed	8Ø4-5B	C,D,P
Amount Exceeding Periodic Benefit Maximum	52Ø-FK	T
Amount Of Copay/Coinsurance	518-FI	T
Amount Paid	876-FB	P
Amount Rejected	8Ø5-1C	P
Approved Message Code	548-6F	T
Approved Message Code Count	547-5F	T
Associated Prescription/Service Date	457-EP	T
Associated Prescription/Service Reference Number	456-EN	T

ALPHABETIC CROSS REFERENCE

Name of Field	Field	Standard Formats
Authorization Number	5Ø3-F3	F,T
Authorized Representative City Address	498-PH	F,T
Authorized Representative First Name	498-PE	F,T
Authorized Representative Last Name	498-PF	F,T
Authorized Representative State/Province Address	498-PJ	F,T
Authorized Representative Street Address	498-PG	F,T
Authorized Representative Zip/Postal Zone	498-PK	F,T
Basis Of Calculation-Copay	347-HJ	T
Basis Of Calculation-Dispensing Fee	346-HH	T
Basis Of Calculation-Flat Sales Tax	348-HK	T
Basis Of Calculation-Percentage Sales Tax	349-HM	T
Basis Of Cost Determination	423-DN	T
Basis Of Days Supply Determination	432-DW	C,D,P
Basis Of Reimbursement Determination	522-FM	T
Basis Of Request	498-PD	F,T
Batch Number	8Ø6-5C	B,C,D,P
BIN Number	1Ø1-A1	T
Branded Generic Co-Pay Confidential	6ØØ-6Ø	R
Branded Product Co-Pay Amount	6ØØ-61	R
Calculation Multiplier	6ØØ-62	R
Cardholder Coverage Indicator	741	M
Cardholder First Name	312-CC	T,C,D
Cardholder ID	3Ø2-C2	T,C,D,M
Cardholder Last Name	313-CD	T,C,D
Carrier Address	8Ø7-1D	P
Carrier Correction Notice Fields	8Ø8-1E	P
Carrier ID	327-CR	T
Carrier Location City	8Ø9-1F	P

Exhibit E
Part 3

ALPHABETIC CROSS REFERENCE

Name of Field	Field	Standard Formats
Carrier Location State	81Ø-1G	P
Carrier Name	811-1H	P
Carrier Telephone Number	812-1I	P
Carrier Zip Code	813-1J	P
Change Date	6ØØ-63	R
Change Identifier	6ØØ-64	R
City	728	M,R
Claim Count	814-5Ø	C,D,P
Claim/Reference ID	435-DZ	T
Client ID Code	6ØØ-Ø1	R
Client ID Code Qualifier	6ØØ-Ø2	R
Clinic ID Number	422-DM	C,D,P
Clinical Information Counter	493-XE	T
Clinical Significance Code	528-FS	T
Comments-1	815-1K	P
Comments-2	816-1L	C
Compound Code	4Ø6-D6	T,C,D,P
Compound Dispensing Unit Form Indicator	451-EG	T
Compound Dosage Form Description Code	45Ø-EF	T
Compound Ingredient Basis Of Cost Determination	49Ø-UE	T
Compound Ingredient Component Count	447-EC	T
Compound Ingredient Drug Cost	449-EE	T
Compound Ingredient Quantity	448-ED	T
Compound Product ID	489-TE	T
Compound Product ID Qualifier	488-RE	T
Compound Route Of Administration	452-EH	T
Contracting Organization (PMO) Contract Number	6ØØ-65	R
Contracting Organization (PMO) ID Code	6ØØ-66	R
Contracting Organization (PMO) Name	6ØØ-43	R
Contracting Organization (PMO) Total Lives Covered	6ØØ-67	R
Coordination Of Benefits/Other Payments Count	337-4C	T

ALPHABETIC CROSS REFERENCE

Name of Field	Field	Standard Formats
Co-Pay Amount	817-5E	C,D,P
Cost Index Point High Value	6Ø1-12	R
Cost Index Point Low Value	6Ø1-13	R
Country Code	731	M
Coupon Number	486-ME	T
Coupon Type	485-KE	T
Coupon Value Amount	487-NE	T
Creation Date	88Ø-K2	B
Creation Time	88Ø-K3	B
Data Category	7Ø3	M
Data Level	6Ø1-31	R
Data Provider ID Code	6Ø1-32	R
Data Provider Name	6Ø1-33	R
Database Indicator	532-FW	T
Date Of Birth	3Ø4-C4	C,D,M,T
Date Of Injury	434-DY	T
Date Of Service	4Ø1-D1	C,D,P,R,T
Date Prescription Written	414-DE	C,D,T
Days Supply	4Ø5-D5	C,D,R,T
Days Supply Intended To Be Dispensed	345-HG	T
Daytime Telephone Number	877-A1	U
Dependent Adult Coverage Indicator	749	M
Dependent Adult Covered Through Age	75Ø	M
Dependent Coverage Indicator	743	M
Dependent Covered Through Age	744	M
Dependents	6ØØ-68	R
Destination Name	818-5F	C,D,P
Destination Processor Number	819-5G	C,D,P
Diagnosis Code	424-DO	C,D,R,T
Diagnosis Code Count	491-VE	T
Diagnosis Code Qualifier	492-WE	T

ALPHABETIC CROSS REFERENCE

Name of Field	Field	Standard Formats
Disabled Dependent Coverage Indicator	747	M
Disabled Dependent Covered Through Age	748	M
Diskette Record ID	82Ø-9A	D
Dispense As Written (DAW)/Product Selection Code	4Ø8-D8	C,D,R,T
Dispensing Fee Paid	5Ø7-F7	T
Dispensing Fee Submitted	412-DC	T
Dispensing Status	343-HD	T
Dollar Sign Rating	6Ø1-14	R
Dollars Adjusted	821-1M	P
Dollars Billed	822-5H	C,D,P
Dollars Paid	873-4A	P
Dollars Rejected	824-1N	P
Dosage Form ID Code	6Ø1-34	R
Drug Description	516-FG	C,D,R
Drug Type	425-DP	C,D,P
DUR Co-Agent ID	476-H6	T
DUR Co-Agent ID Qualifier	475-J9	T
DUR Free Text Message	544-FY	T
DUR/PPS Code Counter	473-7E	T
DUR/PPS Level Of Effort	474-8E	T
Effective Date	712	M
Eligibility Clarification Code	3Ø9-C9	C,D,P,T
Eligible Plan	6ØØ-69	R
Employer City Address	317-CH	T
Employer Contact Name	321-CL	T
Employer ID	333-CZ	T
Employer Name	315-CF	T
Employer Phone Number	32Ø-CK	T
Employer State/Province Address	318-CI	T
Employer Street Address	316-CG	T
Employer Zip/Postal Zone	319-CJ	T

ALPHABETIC CROSS REFERENCE

Name of Field	Field	Standard Formats
Encrypted Patient ID Code	6Ø1-35	R
Enrollees	6ØØ-7Ø	R
Enrollment Relationship Code	715	M
Expansion Area	874-GD	C,P
Facility ID	336-8C	T
FF Action Code	6Ø1-36	R
FF Contracting Organization (PMO) ID Qualifier	6ØØ-71	R
FF Data Provider ID Qualifier	6Ø1-37	R
FF Manufacturer (PICO) ID Qualifier	6ØØ-72	R
FF New/Refill Code	6Ø1-57	R
FF Prescriber ID Qualifier	6Ø1-38	R
FF Total Metric Decimal Quantity	6Ø1-39	R
FF Total Number Of Prescriptions	6Ø1-4Ø	R
File Type	7Ø2	B,M
Fill Number	4Ø3-D3	T
First Name	717	M
Flat Sales Tax Amount Paid	558-AW	T
Flat Sales Tax Amount Submitted	481-HA	T
Formulary Benefit Design Type	6ØØ-73	R
Formulary Code	6ØØ-74	R
Formulary Description	6ØØ-75	R
Formulary Manager Company Name	6Ø1-15	R
Formulary Manager Person Name	6Ø1-16	R
Formulary Non-Formulary Co-Pay Confidential	6ØØ-76	R
Formulary Product Co-Pay Amount	6ØØ-77	R
Formulary Product Co-Pay Confidential	6Ø1-17	R
Gender Code	721	M
Generic Product Co-Pay Amount	6ØØ-78	R
Grand Total Metric Decimal Quantity	6Ø1-41	R
Grand Total Requested Rebate Amount	6Ø1-42	R
Gross Amount Due	43Ø-DU	T

ALPHABETIC CROSS REFERENCE

Name of Field	Field	Standard Formats
Group ID	3Ø1-C1	C,D,M,R,T
Header Response Status	5Ø1-F1	T
Help Desk Phone Number	55Ø-8F	T
Help Desk Phone Number Qualifier	549-7F	T
Hierarchical Level Terminology	6ØØ-79	R
Home Plan	314-CE	C,D,T
Host Plan	826-5K	C
Incentive Amount Paid	521-FL	T
Incentive Amount Submitted	438-E3	T
Ingredient Cost Billed	827-1Ø	P
Ingredient Cost Paid	5Ø6-F6	P,T
Ingredient Cost Submitted	4Ø9-D9	T
Intermediary Authorization ID	464-EX	T
Intermediary Authorization Type ID	463-EW	T
Last Name	716	M
Level Of Service	418-DI	T
Line Number	6Ø1-43	R
Mail Order ID Code	6ØØ-8Ø	R
Mail Order ID Qualifier	6ØØ-81	R
Mail Order Name	6Ø1-11	R
Manufacturer (PICO) Contract Number	6ØØ-47	R
Manufacturer (PICO) ID Code	6ØØ-48	R
Manufacturer (PICO) Name	6ØØ-5Ø	R
Master Sequence Number	828-1P	P
Measurement Date	494-ZE	T
Measurement Dimension	496-H2	T
Measurement Time	495-H1	T
Measurement Unit	497-H3	T
Measurement Value	499-H4	T
Membership Calculation Multiplier	6ØØ-82	R
Membership Count Qualifier	6ØØ-83	R

ALPHABETIC CROSS REFERENCE

Name of Field	Field	Standard Formats
Membership Dependents	6ØØ-84	R
Membership Enrollees	6ØØ-85	R
Membership Period Qualifier	6ØØ-86	R
Membership Reporting Period Start Date	6ØØ-87	R
Membership Total Count	6ØØ-88	R
Membership Type Qualifier	6ØØ-89	R
Message	5Ø4-F4	B,T
Metric Quantity	4Ø4-D4	C,D
Middle Initial	718	M
Multiple Birth Code	72Ø	M
Name Extension	719	M
Network Reimbursement ID	545-2F	T
Non-Formulary Product Co-Pay Amount	6ØØ-9Ø	R
Number Of Refills Authorized	415-DF	C,D,P,T
Original Effective Date	714	M
Originally Prescribed Product/Service Code	445-EA	T
Originally Prescribed Product/Service ID Qualifier	453-EJ	T
Originally Prescribed Quantity	446-EB	T
Originator Name	7Ø6	M
Other Amount Claimed Submitted	48Ø-H9	T
Other Amount Claimed Submitted Count	478-H7	T
Other Amount Claimed Submitted Qualifier	479-H8	T
Other Amount Paid	565-J4	T
Other Amount Paid Count	563-J2	T
Other Amount Paid Qualifier	564-J3	T
Other Coverage Code	3Ø8-C8	T
Other Coverage Effective Date	735	M
Other Payer Amount Paid	431-DV	T
Other Payer Amount Paid Count	341-HB	T
Other Payer Amount Paid Qualifier	342-HC	T
Other Payer Amount Recognized	566-J5	T

ALPHABETIC CROSS REFERENCE

Name of Field	Field	Standard Formats
Other Payer Coverage Type	338-5C	T
Other Payer Date	443-E8	T
Other Payer ID	34Ø-7C	T
Other Payer ID Qualifier	339-6C	T
Other Payer Reject Code	472-6E	T
Other Payer Reject Count	471-5E	T
Other Pharmacy Indicator	529-FT	T
Other Prescriber Indicator	533-FX	T
P.A./M.C./S.C. Number	875-6E	C,D
Patient City Address	323-CN	T
Patient First Name	31Ø-CA	C,D,T
Patient Gender Code	3Ø5-C5	T
Patient ID	332-CY	T
Patient ID Qualifier	331-CX	T
Patient Last Name	311-CB	C,D,T
Patient Liability Amount	6Ø1-44	R
Patient Location	3Ø7-C7	T
Patient Paid Amount Submitted	433-DX	T
Patient Pay Amount	5Ø5-F5	T
Patient Phone Number	326-CQ	T
Patient Relationship Code	3Ø6-C6	T
Patient State/Province Address	324-CO	T
Patient Street Address	322-CM	T
Patient Zip/Postal Zone	325-CP	T
Payer ID	569-J8	T
Payer ID Qualifier	568-J7	T
Percentage Sales Tax Amount Paid	559-AX	T
Percentage Sales Tax Amount Submitted	482-GE	T
Percentage Sales Tax Basis Paid	561-AZ	T
Percentage Sales Tax Basis Submitted	484-JE	T
Percentage Sales Tax Rate Paid	56Ø-AY	T

ALPHABETIC CROSS REFERENCE

Name of Field	Field	Standard Formats
Percentage Sales Tax Rate Submitted	483-HE	T
Person Code	3Ø3-C3	C,D,M,P,R,T
Pharmacy Address	829-5L	C,D
Pharmacy Count	83Ø-5M	C,D,P
Pharmacy ID Code	6Ø1-45	R
Pharmacy ID Qualifier	6Ø1-46	R
Pharmacy Location City	831-5N	C,D
Pharmacy Location State	832-6F	C,D
Pharmacy Name	833-5P	C,D
Pharmacy Telephone Number	834-5Q	C,D
Pharmacy Zip Code	835-5R	C,D,R
Plan Affiliation Parent Plan ID	6ØØ-91	R
Plan Affiliation Parent Plan ID Qualifier	6ØØ-92	R
Plan Degree Managed	6ØØ-93	R
Plan ID	524-FO	M,T
Plan ID Code	6ØØ-94	R
Plan ID Effective Date	734	M
Plan ID Extension	733	M
Plan ID Qualifier	6ØØ-95	R
Plan Name	6ØØ-96	R
Plan Reimbursement Amount	6Ø1-47	R
Plan Reimbursement Qualifier	6Ø1-48	R
Plan Total Adjudicators Records	6ØØ-97	R
Plan Total Formulary Benefit Design Records	6ØØ-98	R
Plan Total Mail Order Records	6ØØ-99	R
Plan Type	6Ø1-Ø1	R
Plan Type Service	6Ø1-Ø2	R
Postage Amount Claimed	428-DS	C,D,P
Preferred Product Copay Incentive	555-AT	T
Preferred Product Count	551-9F	T
Preferred Product Description	556-AU	T

ALPHABETIC CROSS REFERENCE

Name of Field	Field	Standard Formats
Preferred Product ID	553-AR	T
Preferred Product ID Qualifier	552-AP	T
Preferred Product Incentive	554-AS	T
Pregnancy Indicator	335-2C	T
Prescriber ID	411-DB	T
Prescriber ID Qualifier	466-EZ	T
Prescriber Last Name	427-DR	C,D,F,P,T
Prescriber Location Code	467-1E	T
Prescriber Phone Number	498-PM	F,T
Prescription Origin Code	419-DJ	T
Prescription Type	6Ø1-49	R
Prescription/Service Reference Number	4Ø2-D2	C,D,P,R,T
Prescription/Service Reference Number Qualifier	455-EM	T
Previous Date Of Fill	53Ø-FU	T
Primary Care Provider Effective Date	737	M
Primary Care Provider ID	421-DL	T
Primary Care Provider ID Qualifier	468-2E	T
Primary Care Provider Last Name	47Ø-4E	T
Primary Care Provider Location Code	469-H5	T
Primary Pharmacy Effective Date	739	M
Primary Pharmacy ID	738	M
Prior Authorization Dollars Authorized	498-RB	T
Prior Authorization Effective Date	498-PS	F,T
Prior Authorization Expiration Date	498-PT	F,T
Prior Authorization/Medical Certification Code And Number	416-DG	C,D
Prior Authorization Number Of Refills Authorized	498-PW	T
Prior Authorization Number Submitted	462-EV	T
Prior Authorization Number-Assigned	498-PY	F,T
Prior Authorization Processed Date	498-PR	F,T
Prior Authorization Quantity	498-RA	T

ALPHABETIC CROSS REFERENCE

Name of Field	Field	Standard Formats
Prior Authorization Quantity Accumulated	498-PX	T
Prior Authorization Supporting Documentation	498-PP	T
Prior Authorization Type Code	461-EU	T
Procedure Modifier Code	459-ER	T
Procedure Modifier Code Count	458-SE	T
Process Begin Date	7Ø8	M
Process Date	7Ø4	M
Process End Date	7Ø9	M
Process Time	7Ø5	M
Processor Address	836-5S	C,D
Processor Control Number	1Ø4-A4	M,T
Processor Defined Data	752	M
Processor Indicator	7Ø7	M
Processor Location City	837-5T	C,D
Processor Location State	838-5U	C,D
Processor Name	839-5V	C,D,M
Processor Number	84Ø-5W	C,D,P
Processor Telephone Number	841-5X	C,D
Processor Zip Code	842-5Y	C,D
Product Code	6Ø1-18	R
Product Code Qualifier	6Ø1-19	R
Product Description	6Ø1-2Ø	R
Product Dosage Form	6Ø1-21	R
Product Formulary Status Code	6Ø1-22	R
Product Generic Name	6Ø1-23	R
Product Strength	6Ø1-24	R
Product/Service ID	4Ø7-D7	T
Product/Service ID Qualifier	436-E1	T
Professional Service Code	44Ø-E5	T
Professional Service Fee Paid	562-J1	T
Professional Service Fee Submitted	477-BE	T

ALPHABETIC CROSS REFERENCE

Name of Field	Field	Standard Formats
Provider ID	444-E9	T
Provider ID Qualifier	465-EY	T
Quantity Dispensed	442-E7	T
Quantity Intended To Be Dispensed	344-HF	T
Quantity Of Previous Fill	531-FV	T
Quantity Prescribed	46Ø-ET	T
Reason For Service Code	439-E4	T
Rebate Batch Number	6Ø1-5Ø	R
Rebate Days Supply	6Ø1-51	R
Rebate Per Unit Amount	6Ø1-52	R
Rebate Period End Date	6ØØ-39	R
Rebate Period Start Date	6ØØ-38	R
Rebate Version Release Number	6Ø1-Ø3	R
Record Count	751	B,M
Record Identifier	843-5Z	C,D,P
Record Purpose Indicator	6Ø1-53	R
Record Type	6Ø1-Ø4	R
Reimbursement Date	6Ø1-54	R
Reject Code	511-FB	T
Reject Count	51Ø-FA	B,T
Reject Field Occurrence Indicator	546-4F	T
Relationship Coverage Effective Date	74Ø	M
Remaining Benefit Amount	514-FE	T
Remaining Deductible Amount	513-FD	T
Reporting Period End Date	6Ø1-Ø5	R
Reporting Period Start Date	6Ø1-Ø6	R
Request Period Date-Begin	498-PB	F,T
Request Period Date-End	498-PC	F,T
Request Type	498-PA	F,T
Requested Rebate Amount	6Ø1-55	R
Resubmission Cycle Count	844-6A	C,D

ALPHABETIC CROSS REFERENCE

Name of Field	Field	Standard Formats
Result Of Service Code	441-E6	T
Run Date	845-6B	C,D,P
Scheduled Prescription ID Number	454-EK	T
Segment Identification	111-AM	T
Segment Identifier	7Ø1	B,M
Sender ID	88Ø-K1	B
Sequence Number	71Ø	M
Service Provider ID	2Ø1-B1	T
Service Provider ID Qualifier	2Ø2-B2	T
Smoker/Non-Smoker Code	334-1C	T
Social Security Number	722	M
Software Vendor/Certification ID	11Ø-AK	T
Spouse Coverage Indicator	742	M
Start Date	6Ø1-Ø7	R
State	729	M,R
Student Coverage Indicator	745	M
Student Covered Through Age	746	M
Submission Clarification Code	42Ø-DK	T
Tax Exempt Indicator	557-AV	T
Telephone Number	732	M
Termination Date	713	M,R
Text Indicator	88Ø-K4	B
Therapeutic Class Code	6Ø1-25	R
Therapeutic Class Code Qualifier	6Ø1-26	R
Therapeutic Class Description	6Ø1-27	R
Therapeutic Use Code	6Ø1-28	R
Therapeutic Use Description	6Ø1-29	R
Third Party Type	846-6C	C,D
Total Amount Paid	5Ø9-F9	T
Total Number Of Formularies	6Ø1-3Ø	R
Total Number Of Plans	6Ø1-Ø8	R

ALPHABETIC CROSS REFERENCE

Name of Field	Field	Standard Formats
Total Record Count	6Ø1-Ø9	R
Transaction Code	1Ø3-A3	T
Transaction Count	1Ø9-A9	T
Transaction Reference Number	88Ø-K5	B
Transaction Response Status	112-AN	T
Transmission Control Number	6Ø1-56	R
Transmission Date	6Ø1-1Ø	R
Transmission Type	88Ø-K6	B
Unit Dose Indicator	429-DT	C,D,P,T
Unit Of Measure	6ØØ-28	R,T
Usual And Customary Charge	426-DQ	T
Version/Release Number	1Ø2-A2	B,C,D,F,M,P,T
Zip Code	73Ø	M,R

IV. Appendix B - NUMERIC CROSS REFERENCE

NUMERIC CROSS REFERENCE		
Field	Name Of Field	Standard Formats
1Ø1-A1	BIN Number	T
1Ø2-A2	Version/Release Number	B,C,D,F,M,P,T
1Ø3-A3	Transaction Code	T
1Ø4-A4	Processor Control Number	T,M
1Ø9-A9	Transaction Count	T
11Ø-AK	Software Vendor/Certification ID	T
111-AM	Segment Identification	T
112-AN	Transaction Response Status	T
2Ø1-B1	Service Provider ID	T
2Ø2-B2	Service Provider ID Qualifier	T
3Ø1-C1	Group ID	C,D,M,R,T
3Ø2-C2	Cardholder ID	C,D,M,T
3Ø3-C3	Person Code	C,D,M,P,R,T
3Ø4-C4	Date Of Birth	C,D,M,T
3Ø5-C5	Patient Gender Code	T
3Ø6-C6	Patient Relationship Code	T
3Ø7-C7	Patient Location	T
3Ø8-C8	Other Coverage Code	T
3Ø9-C9	Eligibility Clarification Code	C,D,P,T
31Ø-CA	Patient First Name	C,D,T
311-CB	Patient Last Name	C,D,T
312-CC	Cardholder First Name	C,D,T
313-CD	Cardholder Last Name	C,D,T
314-CE	Home Plan	C,D,T
315-CF	Employer Name	T
316-CG	Employer Street Address	T
317-CH	Employer City Address	T
318-CI	Employer State/Province Address	T

NUMERIC CROSS REFERENCE		
Field	Name Of Field	Standard Formats
319-CJ	Employer Zip/Postal Zone	T
32Ø-CK	Employer Phone Number	T
321-CL	Employer Contact Name	T
322-CM	Patient Street Address	T
323-CN	Patient City Address	T
324-CO	Patient State/Province Address	T
325-CP	Patient Zip/Postal Zone	T
326-CQ	Patient Phone Number	T
327-CR	Carrier ID	T
33Ø-CW	Alternate ID	T
331-CX	Patient ID Qualifier	T
332-CY	Patient ID	T
333-CZ	Employer ID	T
334-1C	Smoker/Non-Smoker Code	T
335-2C	Pregnancy Indicator	T
336-8C	Facility ID	T
337-4C	Coordination Of Benefits/Other Payments Count	T
338-5C	Other Payer Coverage Type	T
339-6C	Other Payer ID Qualifier	T
34Ø-7C	Other Payer ID	T
341-HB	Other Payer Amount Paid Count	T
342-HC	Other Payer Amount Paid Qualifier	T
343-HD	Dispensing Status	T
344-HF	Quantity Intended To Be Dispensed	T
345-HG	Days Supply Intended To Be Dispensed	T
346-HH	Basis of Calculation-Dispensing Fee	T
347-HJ	Basis of Calculation-Copay	T
348-HK	Basis of Calculation-Flat Sales Tax	T

NUMERIC CROSS REFERENCE

Field	Name Of Field	Standard Formats
349-HM	Basis Of Calculation-Percentage Sales Tax	T
4Ø1-D1	Date Of Service	C,D,P,R,T
4Ø2-D2	Prescription/Service Reference Number	T
4Ø3-D3	Fill Number	T
4Ø4-D4	Metric Quantity	C,D
4Ø5-D5	Days Supply	C,D,R,T
4Ø6-D6	Compound Code	C,D,P,T
4Ø7-D7	Product/Service ID	T
4Ø8-D8	Dispense As Written (DAW)/Product Selection Code	C,D,R,T
4Ø9-D9	Ingredient Cost Submitted	T
411-DB	Prescriber ID	T
412-DC	Dispensing Fee Submitted	T
414-DE	Date Prescription Written	C,D,T
415-DF	Number Of Refills Authorized	C,D,P,T
416-DG	Prior Authorization/Medical Certification Code And Number	C,D
418-DI	Level Of Service	T
419-DJ	Prescription Origin Code	T
42Ø-DK	Submission Clarification Code	T
421-DL	Primary Care Provider ID	T
422-DM	Clinic ID Number	C,D,P
423-DN	Basis Of Cost Determination	T
424-DO	Diagnosis Code	C,D,R,T
425-DP	Drug Type	C,D,P
426-DQ	Usual And Customary Charge	T
427-DR	Prescriber Last Name	C,D,F,P,T
428-DS	Postage Amount Claimed	C,D,P
429-DT	Unit Dose Indicator	C,D,P,T
43Ø-DU	Gross Amount Due	T
431-DV	Other Payer Amount Paid	T
432-DW	Basis Of Days Supply Determination	C,D,P

NUMERIC CROSS REFERENCE

Field	Name Of Field	Standard Formats
433-DX	Patient Paid Amount Submitted	T
434-DY	Date Of Injury	T
435-DZ	Claim/Reference ID	T
436-E1	Product/Service ID Qualifier	T
438-E3	Incentive Amount Submitted	T
439-E4	Reason For Service Code	T
44Ø-E5	Professional Service Code	T
441-E6	Result Of Service Code	T
442-E7	Quantity Dispensed	T
443-E8	Other Payer Date	T
444-E9	Provider ID	T
445-EA	Originally Prescribed Product/Service Code	T
446-EB	Originally Prescribed Quantity	T
447-EC	Compound Ingredient Component Count	T
448-ED	Compound Ingredient Quantity	T
449-EE	Compound Ingredient Drug Cost	T
45Ø-EF	Compound Dosage Form Description Code	T
451-EG	Compound Dispensing Unit Form Indicator	T
452-EH	Compound Route Of Administration	T
453-EJ	Originally Prescribed Product/Service ID Qualifier	T
454-EK	Scheduled Prescription ID Number	T
455-EM	Prescription/Service Reference Number Qualifier	T
456-EN	Associated Prescription/Service Reference Number	T
457-EP	Associated Prescription/Service Date	T
458-SE	Procedure Modifier Code Count	T
459-ER	Procedure Modifier Code	T
46Ø-ET	Quantity Prescribed	T
461-EU	Prior Authorization Type Code	T
462-EV	Prior Authorization Number Submitted	T
463-EW	Intermediary Authorization Type ID	T
464-EX	Intermediary Authorization ID	T

NUMERIC CROSS REFERENCE

Field	Name Of Field	Standard Formats
465-EY	Provider ID Qualifier	T
466-EZ	Prescriber ID Qualifier	T
467-1E	Prescriber Location Code	T
468-2E	Primary Care Provider ID Qualifier	T
469-H5	Primary Care Provider Location Code	T
47Ø-4E	Primary Care Provider Last Name	T
471-5E	Other Payer Reject Count	T
472-6E	Other Payer Reject Code	T
473-7E	DUR/PPS Code Counter	T
474-8E	DUR/PPS Level Of Effort	T
475-J9	DUR Co-Agent ID Qualifier	T
476-H6	DUR Co-Agent ID	T
477-BE	Professional Service Fee Submitted	T
478-H7	Other Amount Claimed Submitted Count	T
479-H8	Other Amount Claimed Submitted Qualifier	T
48Ø-H9	Other Amount Claimed Submitted	T
481-HA	Flat Sales Tax Amount Submitted	T
482-GE	Percentage Sales Tax Amount Submitted	T
483-HE	Percentage Sales Tax Rate Submitted	T
484-JE	Percentage Sales Tax Basis Submitted	T
485-KE	Coupon Type	T
486-ME	Coupon Number	T
487-NE	Coupon Value Amount	T
488-RE	Compound Product ID Qualifier	T
489-TE	Compound Product ID	T
49Ø-UE	Compound Ingredient Basis Of Cost Determination	T
491-VE	Diagnosis Code Count	T
492-WE	Diagnosis Code Qualifier	T
493-XE	Clinical Information Counter	T
494-ZE	Measurement Date	T
495-H1	Measurement Time	T

NUMERIC CROSS REFERENCE

Field	Name Of Field	Standard Formats
496-H2	Measurement Dimension	T
497-H3	Measurement Unit	T
498-PA	Request Type	F,T
498-PB	Request Period Date-Begin	F,T
498-PC	Request Period Date-End	F,T
498-PD	Basis Of Request	F,T
498-PE	Authorized Representative First Name	F,T
498-PF	Authorized Representative Last Name	F,T
498-PG	Authorized Representative Street Address	F,T
498-PH	Authorized Representative City Address	F,T
498-PJ	Authorized Representative State/Province Address	F,T
498-PK	Authorized Representative Zip/Postal Zone	F,T
498-PM	Prescriber Phone Number	F,T
498-PP	Prior Authorization Supporting Documentation	T
498-PR	Prior Authorization Processed Date	F,T
498-PS	Prior Authorization Effective Date	F,T
498-PT	Prior Authorization Expiration Date	F,T
498-PW	Prior Authorization Number Of Refills Authorized	T
498-PX	Prior Authorization Quantity Accumulated	T
498-PY	Prior Authorization Number-Assigned	F,T
498-RA	Prior Authorization Quantity	T
498-RB	Prior Authorization Dollars Authorized	T
499-H4	Measurement Value	T
5Ø1-F1	Header Response Status	T
5Ø3-F3	Authorization Number	F,T
5Ø4-F4	Message	B,T
5Ø5-F5	Patient Pay Amount	T
5Ø6-F6	Ingredient Cost Paid	T,P
5Ø7-F7	Dispensing Fee Paid	T
5Ø9-F9	Total Amount Paid	T
51Ø-FA	Reject Count	B,T

NUMERIC CROSS REFERENCE

Field	Name Of Field	Standard Formats
511-FB	Reject Code	T
512-FC	Accumulated Deductible Amount	T
513-FD	Remaining Deductible Amount	T
514-FE	Remaining Benefit Amount	T
516-FG	Drug Description	C,D,R
517-FH	Amount Applied To Periodic Deductible	T
518-FI	Amount Of Copay/Coinsurance	T
519-FJ	Amount Attributed To Product Selection	T
52Ø-FK	Amount Exceeding Periodic Benefit Maximum	T
521-FL	Incentive Amount Paid	T
522-FM	Basis Of Reimbursement Determination	T
523-FN	Amount Attributed To Sales Tax	T
524-FO	Plan ID	T,M
525-FP	DUR Response Data	T
526-FQ	Additional Message Information	T
528-FS	Clinical Significance Code	T
529-FT	Other Pharmacy Indicator	T
53Ø-FU	Previous Date Of Fill	T
531-FV	Quantity Of Previous Fill	T
532-FW	Database Indicator	T
533-FX	Other Prescriber Indicator	T
535-FZ	DUR Overflow	T
544-FY	DUR Free Text Message	T
545-2F	Network Reimbursement ID	T
546-4F	Reject Field Occurrence Indicator	T
547-5F	Approved Message Code Count	T
548-6F	Approved Message Code	T
549-7F	Help Desk Phone Number Qualifier	T
55Ø-8F	Help Desk Phone Number	T
551-9F	Preferred Product Count	T
552-AP	Preferred Product ID Qualifier	T

NUMERIC CROSS REFERENCE

Field	Name Of Field	Standard Formats
553-AR	Preferred Product ID	T
554-AS	Preferred Product Incentive	T
555-AT	Preferred Product Copay Incentive	T
556-AU	Preferred Product Description	T
557-AV	Tax Exempt Indicator	T
558-AW	Flat Sales Tax Amount Paid	T
559-AX	Percentage Sales Tax Amount Paid	T
560-AY	Percentage Sales Tax Rate Paid	T
561-AZ	Percentage Sales Tax Basis Paid	T
562-J1	Professional Service Fee Paid	T
563-J2	Other Amount Paid Count	T
564-J3	Other Amount Paid Qualifier	T
565-J4	Other Amount Paid	T
566-J5	Other Payer Amount Recognized	T
567-J6	DUR/PPS Response Code Counter	T
568-J7	Payer ID Qualifier	T
569-J8	Payer ID	T
6ØØ-Ø1	Client ID Code	R
6ØØ-Ø2	Client ID Code Qualifier	R
6ØØ-28	Unit Of Measure	R,T
6ØØ-38	Rebate Period Start Date	R
6ØØ-39	Rebate Period End Date	R
6ØØ-43	Contracting Organization (PMO) Name	R
6ØØ-47	Manufacturer (PICO) Contract Number	R
6ØØ-48	Manufacturer (PICO) ID Code	R
6ØØ-5Ø	Manufacturer (PICO) Name	R
6ØØ-57	Adjudicator ID Code	R
6ØØ-58	Adjudicator ID Qualifier	R
6ØØ-59	Adjudicator Name	R
6ØØ-6Ø	Branded Generic Co-Pay Confidential	R
6ØØ-61	Branded Product Co-Pay Amount	R

NUMERIC CROSS REFERENCE

Field	Name Of Field	Standard Formats
6ØØ-62	Calculation Multiplier	R
6ØØ-63	Change Date	R
6ØØ-64	Change Identifier	R
6ØØ-65	Contracting Organization (PMO) Contract Number	R
6ØØ-66	Contracting Organization (PMO) ID Code	R
6ØØ-67	Contracting Organization (PMO) Total Lives Covered	R
6ØØ-68	Dependents	R
6ØØ-69	Eligible Plan	R
6ØØ-7Ø	Enrollees	R
6ØØ-71	FF Contracting Organization (PMO) ID Qualifier	R
6ØØ-72	FF Manufacturer (PICO) ID Qualifier	R
6ØØ-73	Formulary Benefit Design Type	R
6ØØ-74	Formulary Code	R
6ØØ-75	Formulary Description	R
6ØØ-76	Formulary Non-Formulary Co-Pay Confidential	R
6ØØ-77	Formulary Product Co-Pay Amount	R
6ØØ-78	Generic Product Co-Pay Amount	R
6ØØ-79	Hierarchical Level Terminology	R
6ØØ-8Ø	Mail Order ID Code	R
6ØØ-81	Mail Order ID Qualifier	R
6ØØ-82	Membership Calculation Multiplier	R
6ØØ-83	Membership Count Qualifier	R
6ØØ-84	Membership Dependents	R
6ØØ-85	Membership Enrollees	R
6ØØ-86	Membership Period Qualifier	R
6ØØ-87	Membership Reporting Period Start Date	R
6ØØ-88	Membership Total Count	R
6ØØ-89	Membership Type Qualifier	R
6ØØ-9Ø	Non-Formulary Product Co-Pay Amount	R
6ØØ-91	Plan Affiliation Parent Plan ID	R
6ØØ-92	Plan Affiliation Parent Plan ID Qualifier	R

NUMERIC CROSS REFERENCE

Field	Name Of Field	Standard Formats
6ØØ-93	Plan Degree Managed	R
6ØØ-94	Plan ID Code	R
6ØØ-95	Plan ID Qualifier	R
6ØØ-96	Plan Name	R
6ØØ-97	Plan Total Adjudicators Records	R
6ØØ-98	Plan Total Formulary Benefit Design Records	R
6ØØ-99	Plan Total Mail Order Records	R
6Ø1-Ø1	Plan Type	R
6Ø1-Ø2	Plan Type Service	R
6Ø1-Ø3	Rebate Version Release Number	R
6Ø1-Ø4	Record Type	R
6Ø1-Ø5	Reporting Period End Date	R
6Ø1-Ø6	Reporting Period Start Date	R
6Ø1-Ø7	Start Date	R
6Ø1-Ø8	Total Number Of Plans	R
6Ø1-Ø9	Total Record Count	R
6Ø1-1Ø	Transmission Date	R
6Ø1-11	Mail Order Name	R
6Ø1-12	Cost Index Point High Value	R
6Ø1-13	Cost Index Point Low Value	R
6Ø1-14	Dollar Sign Rating	R
6Ø1-15	Formulary Manager Company Name	R
6Ø1-16	Formulary Manager Person Name	R
6Ø1-17	Formulary Product Co-Pay Confidential	R
6Ø1-18	Product Code	R
6Ø1-19	Product Code Qualifier	R
6Ø1-2Ø	Product Description	R
6Ø1-21	Product Dosage Form	R
6Ø1-22	Product Formulary Status Code	R
6Ø1-23	Product Generic Name	R
6Ø1-24	Product Strength	R

NUMERIC CROSS REFERENCE

Field	Name Of Field	Standard Formats
6Ø1-25	Therapeutic Class Code	R
6Ø1-26	Therapeutic Class Code Qualifier	R
6Ø1-27	Therapeutic Class Description	R
6Ø1-28	Therapeutic Use Code	R
6Ø1-29	Therapeutic Use Description	R
6Ø1-3Ø	Total Number Of Formularies	R
6Ø1-31	Data Level	R
6Ø1-32	Data Provider ID Code	R
6Ø1-33	Data Provider Name	R
6Ø1-34	Dosage Form ID Code	R
6Ø1-35	Encrypted Patient ID Code	R
6Ø1-36	FF Action Code	R
6Ø1-37	FF Data Provider ID Qualifier	R
6Ø1-38	FF Prescriber ID Qualifier	R
6Ø1-39	FF Total Metric Decimal Quantity	R
6Ø1-4Ø	FF Total Number Of Prescriptions	R
6Ø1-41	Grand Total Metric Decimal Quantity	R
6Ø1-42	Grand Total Requested Rebate Amount	R
6Ø1-43	Line Number	R
6Ø1-44	Patient Liability Amount	R
6Ø1-45	Pharmacy ID Code	R
6Ø1-46	Pharmacy ID Qualifier	R
6Ø1-47	Plan Reimbursement Amount	R
6Ø1-48	Plan Reimbursement Qualifier	R
6Ø1-49	Prescription Type	R
6Ø1-5Ø	Rebate Batch Number	R
6Ø1-51	Rebate Days Supply	R
6Ø1-52	Rebate Per Unit Amount	R
6Ø1-53	Record Purpose Indicator	R
6Ø1-54	Reimbursement Date	R
6Ø1-55	Requested Rebate Amount	R

NUMERIC CROSS REFERENCE

Field	Name Of Field	Standard Formats
6Ø1-56	Transmission Control Number	R
6Ø1-57	FF New/Refill Code	R
7Ø1	Segment Identifier	B,M
7Ø2	File Type	B,M
7Ø3	Data Category	M
7Ø4	Process Date	M
7Ø5	Process Time	M
7Ø6	Originator Name	M
7Ø7	Processor Indicator	M
7Ø8	Process Begin Date	M
7Ø9	Process End Date	M
71Ø	Sequence Number	M
711	Action Code	M
712	Effective Date	M
713	Termination Date	M,R
714	Original Effective Date	M
715	Enrollment Relationship Code	M
716	Last Name	M
717	First Name	M
718	Middle Initial	M
719	Name Extension	M
72Ø	Multiple Birth Code	M
721	Gender Code	M
722	Social Security Number	M
723	Alternate ID Code	M
724	Alternate ID Number	M
725	Alternate Person Code	M
726	Address Line 1	M,R
727	Address Line 2	M,R
728	City	M,R
729	State	M,R

NUMERIC CROSS REFERENCE

Field	Name Of Field	Standard Formats
73Ø	Zip Code	M,R
731	Country Code	M
732	Telephone Number	M
733	Plan ID Extension	M
734	Plan ID Effective Date	M
735	Other Coverage Effective Date	M
737	Primary Care Provider Effective Date	M
738	Primary Pharmacy ID	M
739	Primary Pharmacy Effective Date	M
74Ø	Relationship Coverage Effective Date	M
741	Cardholder Coverage Indicator	M
742	Spouse Coverage Indicator	M
743	Dependent Coverage Indicator	M
744	Dependent Covered Through Age	M
745	Student Coverage Indicator	M
746	Student Covered Through Age	M
747	Disabled Dependent Coverage Indicator	M
748	Disabled Dependent Covered Through Age	M
749	Dependent Adult Coverage Indicator	M
75Ø	Dependent Adult Covered Through Age	M
751	Record Count	B,M
752	Processor Defined Data	M
8Ø1-5A	Adjustment/Reject Code-1	P
8Ø2-1A	Adjustment/Reject Code-2	P
8Ø3-1B	Adjustment/Reject Code-3	P
8Ø4-5B	Amount Billed	C,D,P
8Ø5-1C	Amount Rejected	P
8Ø6-5C	Batch Number	B,C,D,P
8Ø7-1D	Carrier Address	P
8Ø8-1E	Carrier Correction Notice Fields	P
8Ø9-1F	Carrier Location City	P

NUMERIC CROSS REFERENCE

Field	Name Of Field	Standard Formats
81Ø-1G	Carrier Location State	P
811-1H	Carrier Name	P
812-1I	Carrier Telephone Number	P
813-1J	Carrier Zip Code	P
814-5Ø	Claim Count	C,D,P
815-1K	Comments-1	P
816-1L	Comments-2	C
817-5E	Co-Pay Amount	C,D,P
818-5F	Destination Name	C,D,P
819-5G	Destination Processor Number	C,D,P
82Ø-9A	Diskette Record ID	D
821-1M	Dollars Adjusted	P
822-5H	Dollars Billed	C,D,P
824-1N	Dollars Rejected	P
826-5K	Host Plan	C
827-1Ø	Ingredient Cost Billed	P
828-1P	Master Sequence Number	P
829-5L	Pharmacy Address	C,D
83Ø-5M	Pharmacy Count	C,D,P
831-5N	Pharmacy Location City	C,D
832-6F	Pharmacy Location State	C,D
833-5P	Pharmacy Name	C,D
834-5Q	Pharmacy Telephone Number	C,D
835-5R	Pharmacy Zip Code	C,D,R
836-5S	Processor Address	C,D
837-5T	Processor Location City	C,D
838-5U	Processor Location State	C,D
839-5V	Processor Name	C,D,M
84Ø-5W	Processor Number	C,D,P
841-5X	Processor Telephone Number	C,D
842-5Y	Processor Zip Code	C,D

NUMERIC CROSS REFERENCE		
Field	Name Of Field	Standard Formats
843-5Z	Record Identifier	C,D,P
844-6A	Resubmission Cycle Count	C,D
845-6B	Run Date	C,D,P
846-6C	Third Party Type	C,D
872-3Z	Amount Adjusted	P
873-4A	Dollars Paid	P
874-GD	Expansion Area	C,P
875-6E	P.A./M.C./S.C. Number	C,D
876-FB	Amount Paid	P
877-A1	Daytime Telephone Number	U
88Ø-K1	Sender ID	B
88Ø-K2	Creation Date	B
88Ø-K3	Creation Time	B
88Ø-K4	Text Indicator	B
88Ø-K5	Transaction Reference Number	B
88Ø-K6	Transmission Type	B

V. Appendix C - OLD FIELD NAME CROSS REFERENCE

VERSION 3.2 FIELD NAME	NEW FIELD NAME
Alternate Identification	Alternate ID
Alternate Product Type	Product/Service ID Qualifier
Amount of Co-Pay/Co-Insurance	Amount Of Copay/Coinsurance
Authorized Representative Address	Authorized Representative Street Address
Authorized Representative City	Authorized Representative City Address
Authorized Representative State	Authorized Representative State/Province Address
Authorized Representative Zip	Authorized Representative Zip/Postal Zone
Cardholder ID Number	Cardholder ID
Carrier ID Number	Carrier ID
Claim/Reference ID Number	Claim/ Reference ID
Compound Ingredient Component Counter Number	Compound Ingredient Component Count
Compound Ingredient Metric Decimal Quantity	Compound Ingredient Quantity
Compound Route of Administration Code	Compound Route Of Administration
Contract Fee Paid	Dispensing Fee Paid
Customer Location	Patient Location
Date Filled/Date of Service	Date of Service
DUR Conflict/Reason for Service Code	Reason For Service Code
DUR Intervention/Professional Services Code	Professional Service Code
DUR Outcome Code/Result of Service Code	Result Of Service Code
Employer State Address	Employer State/Province Address
Employer Zip Code	Employer Zip/Postal Zone
Free Text	DUR Free Text Message
Group Number	Group ID
Incentive Amount Paid/ Professional Services Fee Paid	Incentive Amount Paid
Incentive Amount Submitted/ Professional Services Fee Submitted	Incentive Amount Submitted

VERSION 3.2 FIELD NAME	NEW FIELD NAME
Ingredient Cost	Ingredient Cost Submitted
Metric Decimal Quantity	Quantity Dispensed
NDC Number	Product/ Service ID
New/Refill Code	Fill Number
Originally Prescribed Metric Decimal Quantity	Originally Prescribed Quantity
Originally Prescribed Product Code	Originally Prescribed Product/Service Code
Originally Prescribed Product Type	Originally Prescribed Product/Service ID Qualifier
Other Payer Amount	Other Payer Amount Paid
Other Payer Date	Other Payer Date
Patient Paid Amount	Patient Paid Amount Submitted
Patient State Address	Patient State/Province Address
Patient Zip Code	Patient Zip/Postal Zone
Pharmacist ID	Provider ID
Prescriber Telephone Number	Prescriber Phone Number
Prescription Clarification Code	Submission Clarification Code
Prescription Number/Service Reference Number	Prescription/Service Reference Number
Primary Prescriber	Primary Care Provider ID
Prior Authorization Metric Quantity	Prior Authorization Quantity
Prior Authorization Metric Units Used	Prior Authorization Quantity Accumulated
Prior Authorization Number of Refills	Prior Authorization Number Of Refills Authorized
Processed Date	Prior Authorization Processed Date
Relationship Code	Patient Relationship Code
Response Status	Header Response Status
Scheduled Prescription Identification Number	Scheduled Prescription ID Number
Service Provider ID Number	Service Provider ID
Sex Code	Patient Gender Code
Supporting Documentation	Prior Authorization Supporting Documentation

VI. Appendix D - NEW FIELD NAME CROSS REFERENCE

NEW FIELD NAME	VERSION 3.2 FIELD NAME
Alternate ID	Alternate Identification
Amount Of Copay/Coinsurance	Amount of Co-Pay/Co-Insurance
Authorized Representative City Address	Authorized Representative City
Authorized Representative State/Province Address	Authorized Representative State
Authorized Representative Street Address	Authorized Representative Address
Authorized Representative Zip/Postal Zone	Authorized Representative Zip
Cardholder ID	Cardholder ID Number
Carrier ID	Carrier ID Number
Claim/ Reference ID	Claim/Reference ID Number
Compound Ingredient Component Count	Compound Ingredient Component Counter Number
Compound Ingredient Quantity	Compound Ingredient Metric Decimal Quantity
Compound Route Of Administration	Compound Route of Administration Code
Date Of Service	Date Filled/Date of Service
Dispensing Fee Paid	Contract Fee Paid
DUR Free Text Message	Free Text
Employer State/Province Address	Employer State Address
Employer Zip/Postal Zone	Employer Zip Code
Fill Number	New/Refill Code
Group ID	Group Number
Header Response Status	Response Status
Incentive Amount Paid	Incentive Amount Paid/Professional Services Fee Paid
Incentive Amount Submitted	Incentive Amount Submitted/ Professional Services Fee Submitted
Ingredient Cost Submitted	Ingredient Cost
Originally Prescribed Product/Service Code	Originally Prescribed Product Code
Originally Prescribed Product/Service ID Qualifier	Originally Prescribed Product Type

NEW FIELD NAME	VERSION 3.2 FIELD NAME
Originally Prescribed Quantity	Originally Prescribed Metric Decimal Quantity
Other Payer Amount Paid	Other Payer Amount
Other Payer Date	Other Payer Date
Patient Gender Code	Sex Code
Patient Location	Customer Location
Patient Paid Amount Submitted	Patient Paid Amount
Patient Relationship Code	Relationship Code
Patient State/Province Address	Patient State Address
Patient Zip/Postal Zone	Patient Zip Code
Prescriber Phone Number	Prescriber Telephone Number
Prescription/Service Reference Number	Prescription Number/Service Reference Number
Primary Care Provider ID	Primary Prescriber
Prior Authorization Quantity Accumulated	Prior Authorization Metric Units Used
Prior Authorization Number Of Refills Authorized	Prior Authorization Number of Refills
Prior Authorization Processed Date	Processed Date
Prior Authorization Quantity	Prior Authorization Metric Quantity
Prior Authorization Supporting Documentation	Supporting Documentation
Product/Service ID	NDC Number
Product/Service ID Qualifier	Alternate Product Type
Professional Service Code	DUR Intervention/Professional Services Code
Provider ID	Pharmacist ID
Quantity Dispensed	Metric Decimal Quantity
Reason For Service Code	DUR Conflict/Reason for Service Code
Result Of Service Code	DUR Outcome Code/Result of Service Code
Service Provider ID	Service Provider ID Number
Scheduled Prescription ID Number	Scheduled Prescription Identification Number
Submission Clarification Code	Prescription Clarification Code

VII. Appendix E - DELETED DATA ELEMENTS NOT SUPPORTED IN VERSION 5.Ø

FIELD NAME	FIELD #	FORMAT	DEFINITION
Alternate Product Code	437-E2	x(13)	This field identifies the actual product code for the item that was dispensed. The type of product is defined by field 436-E1. This field should only be used if the National Drug Code number is not available. The code number here is the UPC number or the HRI number.
Amount Billed	8Ø4-5B	s9(4)v99	The submitted amount billed for each prescription.
Basis Of Days Supply Determination	432-DW	9(1)	The code indicating method by which the days supply was determined.
Clinic ID Number	422-DM	9(5)	This field identifies the ID number assigned to the patient's clinic/host party.
Drug Description	516-FG	x(3Ø)	The name of the drug or compound dispensed when used in the billing format, or the name of the drug returned by the processor.
Drug Type	425-DP	9(1)	The code to indicate the type of drug dispensed.
DUR Overflow	535-FZ	9(1)	An indication to the originator of the claim that additional DUR information is available from the processor.
DUR Response Data	525-FP	x(16Ø)	This field is for informational use only.
Host Plan	826-5K	x(3)	The Blue Cross or Blue Shield number of the servicing or processing plan.
Metric Quantity	4Ø4-D4	9(5)	The number of metric units of medication dispensed.
Patient Social Security Number	329-CT	9(9)	The patient's (member's) social security number.
Patient Weight	328-CS	9(3)	The patient's weight in standard pounds.
Payment Processor ID	1Ø5-A5	9(1Ø)	A number, assigned by NCPDP, to identify the recipient of the claims payment information.
Pharmacy Address	829-5L	x(2Ø)	The street address for a pharmacy.
Pharmacy Location City	831-5N	x(18)	The city portion of the pharmacy's address.
Pharmacy Location State	832-6F	x(2)	The state abbreviation portion of the pharmacy's address.
Pharmacy Name	833-5P	x(2Ø)	The name of the pharmacy.
Pharmacy Telephone Number	834-5Q	9(1Ø)	The pharmacy's phone number, including area code.
Pharmacy Zip Code	835-5R	x(9)	This field identifies the expanded zip code of the pharmacy.
Postage Amount Claimed	428-DS	s9(2)v99	The dollar amount of postage claimed.
Postage Amount Paid	515-FF	s9(2)v99	The dollar amount, calculated by the processor, that will be paid for postage cost.
Prior Authorization/ Medical Certification Code And Number	416-DG	9(12)	Value indicating prior authorization or medical certification occurred, and the number associated with the code in the left most position.
Response Data	5Ø2-F2	Varies	The generic data element used to link together specific data elements that relate to particular responses. (e.g. paid, captured, rejected, duplicate).
Sales Tax	41Ø-DA	s9(4)v99	The sales tax for the prescription dispensed.
Sales Tax Paid	5Ø8-F8	s9(4)v99	The sales tax paid which is included in the total amount paid.
System ID	1Ø7-A7	x(7)	The ID number that identifies the system software vendor that is submitting the transaction.
Terminal ID	1Ø6-A6	x(7)	The ID number that identifies a specific point of sale device used at the pharmacy.

Exhibit E
Part 4

VIII. Appendix F - VERSION 5.Ø REJECT CODES FOR TELECOMMUNICATION STANDARD

VERSION 5.Ø REJECT CODES FOR TELECOMMUNICATION STANDARD		
Reject Code	Explanation	Field Number Possibly In Error
ØØ	("M/I" Means Missing/Invalid)	
Ø1	M/I Bin	1Ø1
Ø2	M/I Version Number	1Ø2
Ø3	M/I Transaction Code	1Ø3
Ø4	M/I Processor Control Number	1Ø4
Ø5	M/I Pharmacy Number	2Ø1
Ø6	M/I Group Number	3Ø1
Ø7	M/I Cardholder ID Number	3Ø2
Ø8	M/I Person Code	3Ø3
Ø9	M/I Birth Date	3Ø4
1C	M/I Smoker/Non-Smoker Code	334
1E	M/I Prescriber Location Code	467
1Ø	M/I Patient Gender Code	3Ø5
11	M/I Patient Relationship Code	3Ø6
12	M/I Patient Location	3Ø7
13	M/I Other Coverage Cod	3Ø8
14	M/I Eligibility Clarification Code	3Ø9
15	M/I Date of Service	4Ø1
16	M/I Prescription/Service Reference Number	4Ø2
17	M/I Fill Number	4Ø3
19	M/I Days Supply	4Ø5
2C	M/I Pregnancy Indicator	335
2E	M/I Primary Care Provider ID Qualifier	468
2Ø	M/I Compound Code	4Ø6
21	M/I Product/Service ID	4Ø7
22	M/I Dispense As Written (DAW)/Product Selection Code	4Ø8
23	M/I Ingredient Cost Submitted	4Ø9
25	M/I Prescriber ID	411

VERSION 5.Ø REJECT CODES FOR TELECOMMUNICATION STANDARD		
Reject Code	Explanation	Field Number Possibly In Error
26	M/I Unit Of Measure	6ØØ
28	M/I Date Prescription Written	414
29	M/I Number Refills Authorized	415
3A	M/I Request Type	498-PA
3B	M/I Request Period Date-Begin	498-PB
3C	M/I Request Period Date-End	498-PC
3D	M/I Basis Of Request	498-PD
3E	M/I Authorized Representative First Name	498-PE
3F	M/I Authorized Representative Last Name	498-PF
3G	M/I Authorized Representative Street Address	498-PG
3H	M/I Authorized Representative City Address	498-PH
3J	M/I Authorized Representative State/Province Address	498-PJ
3K	M/I Authorized Representative Zip/Postal Zone	498-PK
3M	M/I Prescriber Phone Number	498-PM
3N	M/I Prior Authorized Number Assigned	498-PY
3P	M/I Authorization Number	5Ø3
3R	Prior Authorization Not Required	4Ø7
3S	M/I Prior Authorization Supporting Documentation	498-PP
3T	Active Prior Authorization Exists Resubmit At Expiration Of Prior Authorization	
3W	Prior Authorization In Process	
3X	Authorization Number Not Found	5Ø3
3Y	Prior Authorization Denied	
32	M/I Level Of Service	418
33	M/I Prescription Origin Code	419
34	M/I Submission Clarification Code	42Ø
35	M/I Primary Care Provider ID	421
38	M/I Basis Of Cost	423

VERSION 5.Ø REJECT CODES FOR TELECOMMUNICATION STANDARD

Reject Code	Explanation	Field Number Possibly In Error
39	M/I Diagnosis Code	424
4C	M/I Coordination Of Benefits/Other Payments Count	337
4E	M/I Primary Care Provider Last Name	57Ø
4Ø	Pharmacy Not Contracted With Plan On Date Of Service	None
41	Submit Bill To Other Processor Or Primary Payer	None
5C	M/I Other Payer Coverage Type	338
5E	M/I Other Payer Reject Count	471
5Ø	Non-Matched Pharmacy Number	2Ø1
51	Non-Matched Group ID	3Ø1
52	Non-Matched Cardholder ID	3Ø2
53	Non-Matched Person Code	3Ø3
54	Non-Matched Product/Service ID Number	4Ø7
55	Non-Matched Product Package Size	4Ø7
56	Non-Matched Prescriber ID	411
58	Non-Matched Primary Prescriber	421
6C	M/I Other Payer ID Qualifier	422
6E	M/I Other Payer Reject Code	472
6Ø	Product/Service Not Covered For Patient Age	3Ø2, 3Ø4, 4Ø1, 4Ø7
61	Product/Service Not Covered For Patient Gender	3Ø2, 3Ø5, 4Ø7
62	Patient/Card Holder ID Name Mismatch	31Ø, 311, 312, 313, 32Ø
63	Institutionalized Patient Product/Service ID Not Covered	
64	Claim Submitted Does Not Match Prior Authorization	2Ø1, 4Ø1, 4Ø4, 4Ø7, 416
65	Patient Is Not Covered	3Ø3, 3Ø6
66	Patient Age Exceeds Maximum Age	3Ø3, 3Ø4, 3Ø6
67	Filled Before Coverage Effective	4Ø1
68	Filled After Coverage Expired	4Ø1
69	Filled After Coverage Terminated	4Ø1
7C	M/I Other Payer ID	34Ø

VERSION 5.Ø REJECT CODES FOR TELECOMMUNICATION STANDARD

Reject Code	Explanation	Field Number Possibly In Error
7E	M/I DUR/PPS Code Counter	473
7Ø	Product/Service Not Covered	4Ø7
71	Prescriber Is Not Covered	411
72	Primary Prescriber Is Not Covered	421
73	Refills Are Not Covered	4Ø2, 4Ø3
74	Other Carrier Payment Meets Or Exceeds Payable	4Ø9, 41Ø, 442
75	Prior Authorization Required	462
76	Plan Limitations Exceeded	4Ø5, 442
77	Discontinued Product/Service ID Number	4Ø7
78	Cost Exceeds Maximum	4Ø7, 4Ø9, 41Ø, 442
79	Refill Too Soon	4Ø1, 4Ø3, 4Ø5
8C	M/I Facility ID	336
8E	M/I DUR/PPS Level Of Effort	474
8Ø	Drug-Diagnosis Mismatch	4Ø7, 424
81	Claim Too Old	4Ø1
82	Claim Is Post-Dated	4Ø1
83	Duplicate Paid/Captured Claim	2Ø1, 4Ø1, 4Ø2, 4Ø3, 4Ø7
84	Claim Has Not Been Paid/Captured	2Ø1, 4Ø1, 4Ø2
85	Claim Not Processed	None
86	Submit Manual Reversal	None
87	Reversal Not Processed	None
88	DUR Reject Error	
89	Rejected Claim Fees Paid	
9Ø	Host Hung Up	Host Disconnected Before Session Completed
91	Host Response Error	Response Not In Appropriate Format To Be Displayed

VERSION 5.Ø REJECT CODES FOR TELECOMMUNICATION STANDARD		
Reject Code	Explanation	Field Number Possibly In Error
92	System Unavailable/Host Unavailable	Processing Host Did Not Accept Transaction/Did Not Respond Within Time Out Period
*95	Time Out	
*96	Scheduled Downtime	
*97	Payer Unavailable	
*98	Connection To Payer Is Down	
99	Host Processing Error	Do Not Retransmit Claim(s)
AA	Patient Spenddown Not Met	
AB	Date Written Is After Date Filled	
AC	Product Not Covered Non-Participating Manufacturer	
AD	Billing Provider Not Eligible To Bill This Claim Type	
AE	QMB (Qualified Medicare Beneficiary)-Bill Medicare	
AF	Patient Enrolled Under Managed Care	
AG	Days Supply Limitation For Product/Service	
AH	Unit Dose Packaging Only Payable For Nursing Home Recipients	
AJ	Generic Drug Required	
AK	M/I Software Vendor/Certification ID	11Ø
AM	M/I Segment Identification	111
A9	M/I Transaction Count	1Ø9
BE	M/I Professional Service Fee Submitted	477
B2	M/I Service Provider ID Qualifier	2Ø2
CA	M/I Patient First Name	31Ø
CB	M/I Patient Last Name	311
CC	M/I Cardholder First Name	312
CD	M/I Cardholder Last Name	313
CE	M/I Home Plan	314
CF	M/I Employer Name	315
CG	M/I Employer Street Address	316

VERSION 5.Ø REJECT CODES FOR TELECOMMUNICATION STANDARD		
Reject Code	Explanation	Field Number Possibly In Error
CH	M/I Employer City Address	317
CI	M/I Employer State/Province Address	318
CJ	M/I Employer Zip Postal Zone	319
CK	M/I Employer Phone Number	32Ø
CL	M/I Employer Contact Name	321
CM	M/I Patient Street Address	322
CN	M/I Patient City Address	323
CO	M/I Patient State/Province Address	324
CP	M/I Patient Zip/Postal Zone	325
CQ	M/I Patient Phone Number	326
CR	M/I Carrier ID	327
CW	M/I Alternate ID	33Ø
CX	M/I Patient ID Qualifier	331
CY	M/I Patient ID	332
CZ	M/I Employer ID	333
DC	M/I Dispensing Fee Submitted	412
DN	M/I Basis Of Cost Determination	423
DQ	M/I Usual And Customary Charge	426
DR	M/I Prescriber Last Name	427
DT	M/I Unit Dose Indicator	429
DU	M/I Gross Amount Due	43Ø
DV	M/I Other Payer Amount Paid	431
DX	M/I Patient Paid Amount Submitted	433
DY	M/I Date Of Injury	434
DZ	M/I Claim/Reference ID	435
EA	M/I Originally Prescribed Product/Service Code	445
EB	M/I Originally Prescribed Quantity	446
EC	M/I Compound Ingredient Component Count	447
ED	M/I Compound Ingredient Quantity	448
EE	M/I Compound Ingredient Drug Cost	449
EF	M/I Compound Dosage Form Descriptin Code	45Ø

VERSION 5.Ø REJECT CODES FOR TELECOMMUNICATION STANDARD		
Reject Code	Explanation	Field Number Possibly In Error
EG	M/I Compound Dispensing Unit Form Indicator	451
EH	M/I Compound Route Of Administration	452
EJ	M/I Originally Prescribed Product/Service ID Qualifier	453
EK	M/I Scheduled Prescription ID Number	454
EM	M/I Prescription/Service Reference Number Qualifier	445
EN	M/I Associated Prescription/Service Reference Number	456
EP	M/I Associated Prescription/Service Date	457
ER	M/I Procedure Modifier Code	459
ET	M/I Quantity Prescribed	46Ø
EU	M/I Prior Authorization Type Code	461
EV	M/I Prior Authorization Number Submitted	462
EW	M/I Intermediary Authorization Type ID	463
EX	M/I Intermediary Authorization ID	464
EY	M/I Provider ID Qualifier	465
EZ	M/I Prescriber ID Qualifier	466
E1	M/I Product/Service ID Qualifier	436
E3	M/I Incentive Amount Submitted	438
E4	M/I Reason For Service Code	439
E5	M/I Professional Service Code	44Ø
E6	M/I Result Of Service Code	441
E7	M/I Quantity Dispensed	442
E8	M/I Other Payer Date	443
E9	M/I Provider ID	444
FO	M/I Plan ID	524
GE	M/I Percentage Sales Tax Amount Submitted	482
HA	M/I Flat Sales Tax Amount Submitted	481
HB	M/I Other Payer Amount Paid Count	341
HC	M/I Other Payer Amount Paid Qualifier	342
HD	M/I Dispensing Status	343
HE	M/I Percentage Sales Tax Rate Submitted	483

VERSION 5.Ø REJECT CODES FOR TELECOMMUNICATION STANDARD		
Reject Code	Explanation	Field Number Possibly In Error
HF	M/I Quantity Intended To Be Dispensed	344
HG	M/I Days Supply Intended To Be Dispensed	345
H1	M/I Measurement Time	495
H2	M/I Measurement Dimension	496
H3	M/I Measurement Unit	497
H4	M/I Measurement Value	499
H5	M/I Primary Care Provider Location Code	469
H6	M/I DUR Co-Agent ID	476
H7	M/I Other Amount Claimed Submitted Count	478
H8	M/I Other Amount Claimed Submitted Qualifier	479
H9	M/I Other Amount Claimed Submitted	48Ø
JE	M/I Percentage Sales Tax Basis Submitted	484
J9	M/I DUR Co-Agent ID Qualifier	475
KE	M/I Coupon Type	485
M1	Patient Not Covered In This Aid Category	
M2	Recipient Locked In	
M3	Host PA/MC Error	
M4	Prescription/Service Reference Number/Time Limit Exceeded	
M5	Requires Manual Claim	
M6	Host Eligibility Error	
M7	Host Drug File Error	
M8	Host Provider File Error	
ME	M/I Coupon Number	486
MZ	Error Overflow	
NE	M/I Coupon Value Amount	487
NN	Transaction Rejected At Switch Or Intermediary	
PA	PA Exhausted/Not Renewable	
PB	Invalid Transaction Count For This Transaction Code	1Ø3, 1Ø9
PC	M/I Claim Segment	111
PD	M/I Clinical Segment	111

VERSION 5.Ø REJECT CODES FOR TELECOMMUNICATION STANDARD

Reject Code	Explanation	Field Number Possibly In Error
PE	M/I COB/Other Payments Segment	111
PF	M/I Compound Segment	111
PG	M/I Coupon Segment	111
PH	M/I DUR/PPS Segment	111
PJ	M/I Insurance Segment	111
PK	M/I Patient Segment	111
PM	M/I Pharmacy Provider Segment	111
PN	M/I Prescriber Segment	111
PP	M/I Pricing Segment	111
PR	M/I Prior Authorization Segment	111
PS	M/I Transaction Header Segment	111
PT	M/I Workers' Compensation Segment	111
PV	Non-Matched Associated Prescription/Service Date	457
PW	Non-Matched Employer ID	333
PX	Non-Matched Other Payer ID	34Ø
PY	Non-Matched Unit Form/Route of Administration	451, 452, 6ØØ
PZ	Non-Matched Unit Of Measure To Product/Service ID	4Ø7, 6ØØ
P1	Associated Prescription/Service Reference Number Not Found	456
P2	Clinical Information Counter Out Of Sequence	493
P3	Compound Ingredient Component Count Does Not Match Number Of Repetitions	447
P4	Coordination Of Benefits/Other Payments Count Does Not Match Number Of Repetitions	337
P5	Coupon Expired	486
P6	Date Of Service Prior To Date Of Birth	3Ø4, 4Ø1
P7	Diagnosis Code Count Does Not Match Number Of Repetitions	491
P8	DUR/PPS Code Counter Out Of Sequence	473
P9	Field Is Non-Repeatable	
RA	PA Reversal Out Of Order	
RB	Multiple Partials Not Allowed	

VERSION 5.Ø REJECT CODES FOR TELECOMMUNICATION STANDARD

Reject Code	Explanation	Field Number Possibly In Error
RC	Different Drug Entity Between Partial & Completion	
RD	Mismatched Cardholder/Group ID-Partial To Completion	3Ø1, 3Ø2
RE	M/I Compound Product ID Qualifier	488
RF	Improper Order Of 'Dispensing Status' Code On Partial Fill Transaction	
RG	M/I Associated Prescription/service Reference Number On Completion Transaction	456
RH	M/I Associated Prescription/Service Date On Completion Transaction	457
RJ	Associated Partial Fill Transaction Not On File	
RK	Partial Fill Transaction Not Supported	
RM	Completion Transaction Not Permitted With Same 'Date Of Service' As Partial Transaction	4Ø1
RN	Plan Limits Exceeded On Intended Partial Fill Values	344, 345
RP	Out Of Sequence 'P' Reversal On Partial Fill Transaction	
RS	M/I Associated Prescription/Service Date On Partial Transaction	457
RT	M/I Associated Prescription/Service Reference Number On Partial Transaction	456
RU	Mandatory Data Elements Must Occur Before Optional Data Elements In A Segment	
R1	Other Amount Claimed Submitted Count Does Not Match Number Of Repetitions	478, 48Ø
R2	Other Payer Reject Count Does Not Match Number Of Repetitions	471, 472
R3	Procedure Modifier Code Count Does Not Match Number Of Repetitions	458, 459
R4	Procedure Modifier Code Invalid For Product/Service ID	4Ø7, 436, 459
R5	Product/Service ID Must Be Zero When Product/Service ID Qualifier Equals Ø6	4Ø7, 436
R6	Product/Service Not Appropriate For This Location	3Ø7, 4Ø7, 436
R7	Repeating Segment Not Allowed In Same Transaction	

VERSION 5.Ø REJECT CODES FOR TELECOMMUNICATION STANDARD		
Reject Code	Explanation	Field Number Possibly In Error
R8	Syntax Error	
R9	Value In Gross Amount Due Does Not Follow Pricing Formulae	43Ø
SE	M/I Procedure Modifier Code Count	458
TE	M/I Compound Product ID	489
UE	M/I Compound Ingredient Basis Of Cost Determination	49Ø
VE	M/I Diagnosis Code Count	491
WE	M/I Diagnosis Code Qualifier	492
XE	M/I Clinical Information Counter	493
ZE	M/I Measurement Date	494

IX. Appendix G - VERSION 1.Ø REJECT CODES FOR PAYMENT TAPE

VERSION 1.Ø REJECT CODES FOR PAYMENT TAPE		
Reject Code	Explanation	Field Number Possibly In Error
ØØ	No Error Exists - Claim Paid As Submitted	
Ø1	Missing Data	1Ø1
Ø2	Inconsistent With Other Data	1Ø2
Ø3	Exceeds Limits	1Ø3
Ø4	Does Not Exist	1Ø4
Ø5	Cancelled/Expired	2Ø1
Ø6	Multiple Occurrence	3Ø1
Ø7	Not On File	3Ø2
Ø8	Ineligible	3Ø3
Ø9	Non-Compensable Drug	3Ø4
1Ø	Ineligible Dependent	3Ø5
11	Stale Date	3Ø6
12	Prior Authorization Required	3Ø7
13-44	Reserved For Future Use	
45	Good Faith-Payment	3Ø9
46	Good Faith-Non-Payment	4Ø1
47	Deductible Not Met	4Ø2
48	Duplicate Billing	4Ø3
49	Not Covered (No Reason)	4Ø4
5Ø	Adjustment Down	4Ø5
51	Adjustment Up	4Ø6
52-69	Reserved For Future Use	
7Ø	Supplement Payment	4Ø9
71	Supplement Denied	41Ø

VERSION 1.Ø REJECT CODES FOR PAYMENT TAPE		
Reject Code	Explanation	Field Number Possibly In Error
72-97	Reserved For Future Use	
98	Pended Claim	
99	Never To Be Used	

X. Appendix H - VERSION 2.Ø REJECT CODES FOR PAYMENT TAPE

VERSION 2.Ø REJECT CODES FOR PAYMENT TAPE

Reject Code	Explanation	Field Number Possibly In Error
ØØ	("M/I" Means Missing/Invalid)	
Ø1	(Future Use)	
Ø2	M/I Version Number	1Ø2
Ø3	(Future Use)	
Ø4	(Future Use)	
Ø5	M/I Pharmacy Number	2Ø1
Ø6	M/I Group Number	3Ø1
Ø7	M/I Cardholder ID Number	3Ø2
Ø8	M/I Person Code	3Ø3
Ø9	M/I Birthdate	3Ø4
1Ø	M/I Sex Code	3Ø5
11	M/I Relationship Code	3Ø6
12	M/I Customer Location Code	3Ø7
13	M/I Other Coverage Code	3Ø8
14	M/I Eligibility Override Code	3Ø9
15	M/I Date Filled/Date Of Service	4Ø1
16	M/I Prescription Number	4Ø2
17	M/I New-Refill Code	4Ø3
18	M/I Metric Quantity	4Ø4
19	M/I Days Supply	4Ø5
2Ø	M/I Compound Code	4Ø6
21	M/I NDC Number	4Ø7
22	M/I Dispense As Written Code	4Ø8
23	M/I Ingredient Cost	4Ø9

VERSION 2.Ø REJECT CODES FOR PAYMENT TAPE

Reject Code	Explanation	Field Number Possibly In Error
24	M/I Sales Tax	41Ø
25	M/I Prescriber ID	411
26	(Future Use)	
27	(Future Use)	
28	M/I Date Prescription Written	414
29	M/I Number Refills Authorized	415
3Ø	M/I P.A./M.C. Code And Number	416
31	(Future Use)	
32	M/I Level Of Service	418
33	M/I Prescription Origin Code	419
34	M/I Prescription Denial Override	42Ø
35	M/I Primary Prescriber	421
36	M/I Clinic ID	422
37	(Future Use)	
38	M/I Basis Of Cost	423
39	M/I Diagnosis Code	424
4Ø	Pharmacy Not Contracted With Plan On Date Of Service	None
41	Submit Bill To Other Processor Or Primary Payer	None
42-49	(Future Use)	
5Ø	Non-Matched Pharmacy Number	2Ø1
51	Non-Matched Group Number	3Ø1
52	Non-Matched Cardholder ID	3Ø2
53	Non-Matched Person Code	3Ø3

DATA DICTIONARY

VERSION 2.Ø REJECT CODES FOR PAYMENT TAPE

Reject Code	Explanation	Field Number Possibly In Error
54	Non-Matched NDC Number	4Ø7
55	Non-Matched NDC Package Size	4Ø7
56	Non-Matched Prescriber ID	411
57	Non-Matched P.A./M.C. Number	416
58	Non-Matched Primary Prescriber	421
59	Non-Matched Clinic ID	422
6Ø	Drug Not Covered For Patient Age	3Ø2, 3Ø4, 4Ø1, 4Ø7
61	Drug Not Covered For Patient Gender	3Ø2, 3Ø5, 4Ø7
62	Patient/Card Holder ID Name Mismatch	31Ø, 311, 312, 313, 32Ø
63	Institutionalized Patient NDC Not Covered	
64	Claim Submitted Does Not Match Prior Authorization	2Ø1, 4Ø1, 4Ø4, 4Ø7, 416
65	Patient Is Not Covered	3Ø3, 3Ø6
66	Patient Age Exceeds Maximum Age	3Ø3, 3Ø4, 3Ø6
67	Filled Before Coverage Effective	4Ø1
68	Filled After Coverage Expired	4Ø1
69	Filled After Coverage Terminated	4Ø1
7Ø	NDC Not Covered	4Ø7
71	Prescriber Is Not Covered	411
72	Primary Prescriber Is Not Covered	421
73	Refills Are Not Covered	4Ø2, 4Ø3
74	Other Carrier Payment Meets Or Exceeds Payable	4Ø4, 4Ø9, 41Ø
75	Prior Authorization Required	416
76	Plan Limitations Exceeded	4Ø4, 4Ø5
77	Discontinued NDC Number	4Ø7
78	Cost Exceeds Maximum	4Ø4, 4Ø7, 4Ø9, 41Ø

VERSION 2.Ø REJECT CODES FOR PAYMENT TAPE

Reject Code	Explanation	Field Number Possibly In Error
79	Refill Too Soon	4Ø1, 4Ø3, 4Ø5
8Ø	Drug-Diagnosis Mismatch	4Ø7, 424
81	Claim Too Old	4Ø1
82	Claim Is Post-Dated	4Ø1
83	Duplicate Paid/Captured Claim	2Ø1, 4Ø1, 4Ø2, 4Ø3, 4Ø7
84	Claim Has Not Been Paid/Captured	2Ø1, 4Ø1, 4Ø2
85	Claim Not Processed	None
86	Submit Manual Reversal	None
87	Reversal Not Processed	None
88	DUR Reject Error	
89	Rejected Claim Fees Paid	
9Ø-99	For Future Use	
CA	M/I Patient First Name	31Ø
CB	M/I Patient Last Name	311
CC	M/I Cardholder First Name	312
CD	M/I Cardholder Last Name	313
CE	M/I Home Plan	314
CF	M/I Employer Name	315
CG	M/I Employer Street Address	316
CH	M/I Employer City Address	317
CI	M/I Employer State Address	318
CJ	M/I Employer Zip Code	319
CK	M/I Employer Phone Number	32Ø
CL	M/I Employer Contact Name	321
CM	M/I Patient Street Address	322
CN	M/I Patient City Address	323

DATA DICTIONARY

VERSION 2.Ø REJECT CODES FOR PAYMENT TAPE		
Reject Code	Explanation	Field Number Possibly In Error
CO	M/I Patient State Address	324
CP	M/I Patient Zip Code	325
CQ	M/I Patient Phone Number	326
CR	M/I Carrier ID Number	327
CT	M/I Patient Social Security Number	328
DP	M/I Drug Type Override	425
DQ	M/I Usual And Customary	426
DR	M/I Doctors Last Name	427
DS	M/I Postage Amount Claimed	428
DT	M/I Unit Dose Indicator	429
DU	M/I Gross Amount Due	43Ø
DV	M/I Other Payer Amount	431
DW	M/I Basis Of Days Supply Determination	432
DX	M/I Patient Paid Amount	433
DY	M/I Injury Date	434
DZ	M/I Claim Reference ID Number	435
E1	M/I Alternate Product Type	436
E2	M/I Alternate Product Code	437
E3	M/I Incentive Amount Submitted/Professional Services Fee Submitted	438
E4	M/I DUR Conflict/Reason For Service Code	439
E5	M/I DUR Intervention/Professional Services Code	44Ø
E6	M/I DUR Outcome/Result Of Service Code	441
E7	M/I Metric Decimal Quantity	442
E8	M/I Other Payer Date	443

XI. Appendix I - VERSION 3.Ø REJECT CODES FOR PAYMENT TAPE

VERSION 3.Ø REJECT CODES FOR PAYMENT TAPE		
Reject Code	Explanation	Field Number Possibly In Error
ØØ	("M/I" Means Missing/Invalid)	
Ø1	(Future Use)	
Ø2	M/I Version Number	1Ø2
Ø3	(Future Use)	
Ø4	(Future Use)	
Ø5	M/I Pharmacy Number	2Ø1
Ø6	M/I Group Number	3Ø1
Ø7	M/I Cardholder ID Number	3Ø2
Ø8	M/I Person Code	3Ø3
Ø9	M/I Birthdate	3Ø4
1Ø	M/I Sex Code	3Ø5
11	M/I Relationship Code	3Ø6
12	M/I Customer Location Code	3Ø7
13	M/I Other Coverage Code	3Ø8
14	M/I Eligibility Override Code	3Ø9
15	M/I Date Filled/Date Of Service	4Ø1
16	M/I Prescription Number	4Ø2
17	M/I New-Refill Code	4Ø3
18	M/I Metric Quantity	4Ø4
19	M/I Days Supply	4Ø5
2Ø	M/I Compound Code	4Ø6
21	M/I NDC Number	4Ø7
22	M/I Dispense As Written Code	4Ø8
23	M/I Ingredient Cost	4Ø9
24	M/I Sales Tax	41Ø
25	M/I Prescriber ID	411
26	(Future Use)	

VERSION 3.Ø REJECT CODES FOR PAYMENT TAPE		
Reject Code	Explanation	Field Number Possibly In Error
27	(Future Use)	
28	M/I Date Prescription Written	414
29	M/I Number Refills Authorized	415
3Ø	M/I P.A./M.C. Code And Number	416
31	(Future Use)	
32	M/I Level Of Service	418
33	M/I Prescription Origin Code	419
34	M/I Prescription Denial Override	42Ø
35	M/I Primary Prescriber	421
36	M/I Clinic ID	422
37	(Future Use)	
38	M/I Basis Of Cost	423
39	M/I Diagnosis Code	424
4Ø	Pharmacy Not Contracted With Plan On Date Of Service	None
41	Submit Bill To Other Processor Or Primary Payer	None
42-49	(Future Use)	
5Ø	Non-Matched Pharmacy Number	2Ø1
51	Non-Matched Group Number	3Ø1
52	Non-Matched Cardholder ID	3Ø2
53	Non-Matched Person Code	3Ø3
54	Non-Matched NDC Number	4Ø7
55	Non-Matched NDC Package Size	4Ø7
56	Non-Matched Prescriber ID	411
57	Non-Matched P.A./M.C. Number	416
58	Non-Matched Primary Prescriber	421
59	Non-Matched Clinic ID	422

DATA DICTIONARY

VERSION 3.Ø REJECT CODES FOR PAYMENT TAPE

Reject Code	Explanation	Field Number Possibly In Error
6Ø	Drug Not Covered For Patient Age	3Ø2, 3Ø4, 4Ø1, 4Ø7
61	Drug Not Covered For Patient Gender	3Ø2, 3Ø5, 4Ø7
62	Patient/Card Holder ID Name Mismatch	31Ø, 311, 312, 313, 32Ø
63	Institutionalized Patient. NDC Not Covered	
64	Claim Submitted Does Not Match Prior Authorization	2Ø1, 4Ø1, 4Ø4, 4Ø7, 416
65	Patient Is Not Covered	3Ø3, 3Ø6
66	Patient Age Exceeds Maximum Age	3Ø3, 3Ø4, 3Ø6
67	Filled Before Coverage Effective	4Ø1
68	Filled After Coverage Expired	4Ø1
69	Filled After Coverage Terminated	4Ø1
7Ø	NDC Not Covered	4Ø7
71	Prescriber Is Not Covered	411
72	Primary Prescriber Is Not Covered	421
73	Refills Are Not Covered	4Ø2, 4Ø3
74	Other Carrier Payment Meets Or Exceeds Payable	4Ø4, 4Ø9, 41Ø
75	Prior Authorization Required	416
76	Plan Limitations Exceeded	4Ø4, 4Ø5
77	Discontinued NDC Number	4Ø7
78	Cost Exceeds Maximum	4Ø4, 4Ø7, 4Ø9, 41Ø
79	Refill Too Soon	4Ø1, 4Ø3, 4Ø5
8Ø	Drug-Diagnosis Mismatch	4Ø7, 424
81	Claim Too Old	4Ø1
82	Claim Is Post-Dated	4Ø1
83	Duplicate Paid/Captured Claim	2Ø1, 4Ø1, 4Ø2, 4Ø3, 4Ø7
84	Claim Has Not Been Paid/Captured	2Ø1, 4Ø1, 4Ø2
85	Claim Not Processed	None
86	Submit Manual Reversal	None

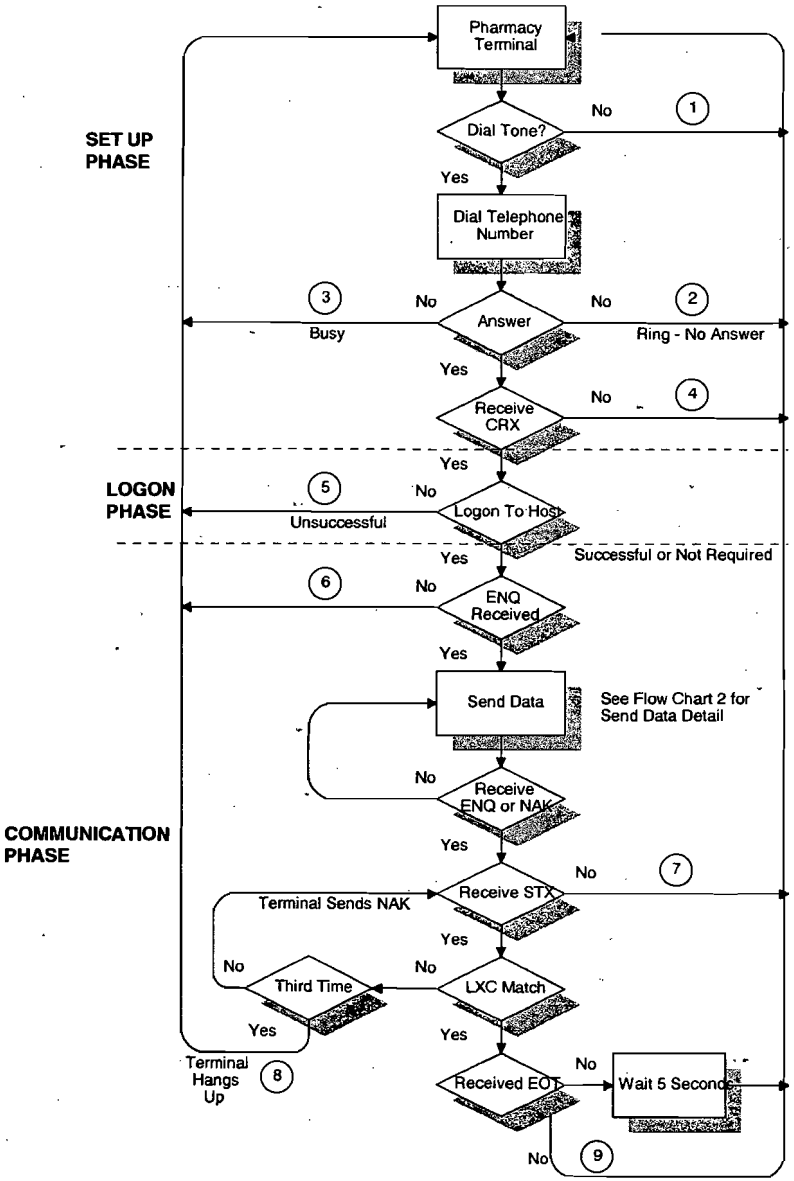
VERSION 3.Ø REJECT CODES FOR PAYMENT TAPE

Reject Code	Explanation	Field Number Possibly In Error
87	Reversal Not Processed	None
88	DUR Reject Error	
89	Rejected Claim Fees Paid	
9Ø-99	For Future Use	
CA	M/I Patient First Name	31Ø
CB	M/I Patient Last Name	311
CC	M/I Cardholder First Name	312
CD	M/I Cardholder Last Name	313
CE	M/I Home Plan	
CF	M/I Employer Name	
CG	M/I Employer Street Address	
CH	M/I Employer City Address	
CI	M/I Employer State Address	
CJ	M/I Employer Zip Code	
CK	M/I Employer Phone Number	
CL	M/I Employer Contact Name	
CM	M/I Patient Street Address	
CN	M/I Patient City Address	
CO	M/I Patient State Address	
CP	M/I Patient Zip Code	
CQ	M/I Patient Phone Number	
CR	M/I Carrier ID Number	
CT	M/I Patient Social Security Number	
DP	M/I Drug Type Override	425
DQ	M/I Usual And Customary	426
DR	M/I Doctors Last Name	427
DS	M/I Postage Amount Claimed	428
DT	M/I Unit Dose Indicator	429
DU	M/I Gross Amount Due	43Ø
DV	M/I Other Payer Amount	431

DATA DICTIONARY

VERSION 3.Ø REJECT CODES FOR PAYMENT TAPE		
Reject Code	Explanation	Field Number Possibly In Error
DW	M/I Basis Of Days Supply Determination	432
DX	M/I Patient Paid Amount	433
DY	M/I Injury Date	
DZ	M/I Claim Reference ID Number	
E1	M/I Alternate Product Type	
E2	M/I Alternate Product Code	
E3	M/I Incentive Amount Submitted/Professional Services Fee Submitted	
E4	M/I DUR Conflict/Reason For Service Code	
E5	M/I DUR Intervention/Professional Services Code	
E6	M/I DUR Outcome/Result Of Service Code	
E7	M/I Metric Decimal Quantity	
E8	M/I Other Payer Date	
M1	Patient Not Covered In This Aid Category	
M2	Recipient Locked In	
M3	Host PA/MC Error	
M4	Prescription Number/Time Limit Exceeded	
M5	Requires Manual Claim	
M6	Host Eligibility Error	
M7	Host Drug File Error	
M8	Host Provider File Error	
MZ	Error Overflow	
P1	Good Faith Payment	3Ø9
P2	Good Faith Non-Payment	4Ø1
P3	Deductible Not Met	4Ø2
P4	Supplement Payment	4Ø9
P5	Supplement Denied	41Ø
P6	Pended Claim	

XII. Appendix J - TELECOMMUNICATION PHASES WITH FLOW CHARTS

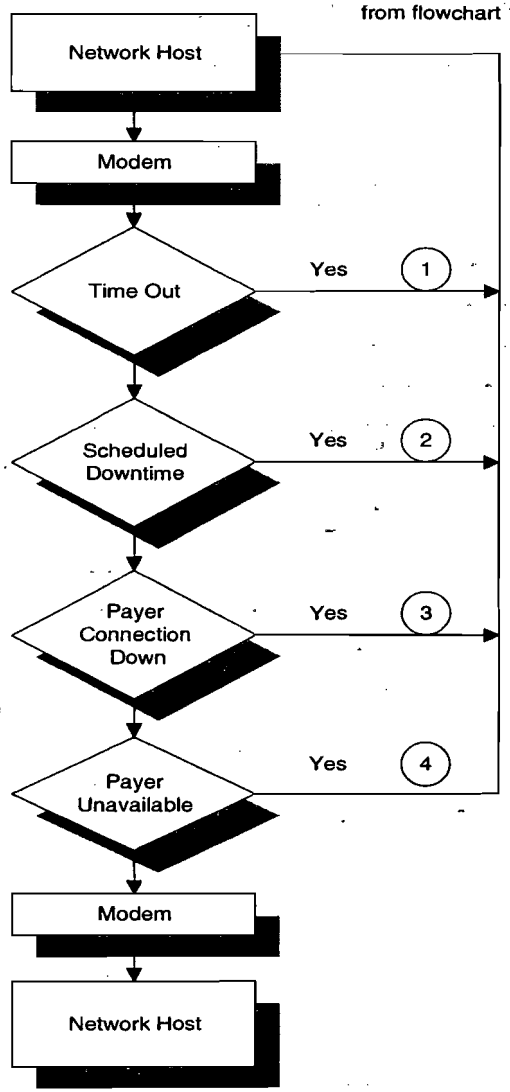


Ref	Description	Digital Code
1	No Dial Tone. Call Telephone Company	91
2	Ring No Answer, Check Phone Number, And Call Network	92
3	Busy, Try Again	93
4	No Carrier From Network. Try Again	94
5	Logon Unsuccessful. Try Again	95
6	No Enq. Try Again	96
7	No Response From Network. Call Network	97
8	Bad Response From Network. Try Again	98
9	NCPDP Standard Response	

DATA DICTIONARY

SEND DATA PROCESS

The network host cannot return a message, therefore the terminal software should use the recommendations from flowchart 1



1	Time Out	95
2	Scheduled Downtime	96
3	Connection to payer is down	98
4	Payer Unavailable	97

XIII. Appendix K - PRODUCT/SERVICE QUALIFIER

Key:
X = Value is applicable for use in field
Blank = Value may not be used in field

	VALUE	PRODUCT/SERVICE ID QUALIFIER (436-E1)	COMPOUND PRODUCT ID QUALIFIER (488-RE)	DUR CO-AGENT ID QUALIFIER (475-J9)	ORIGINALLY PRESCRIBED PRODUCT/SERVICE ID QUALIFIER (453-EJ)	PREFERRED PRODUCT ID QUALIFIER (552-AP)
Not Specified	Blank	X	X	X	X	X
Not Specified	ØØ	X			X	
Universal Product Code (UPC)	Ø1	X	X	X	X	X
Health Related Item (HRI)	Ø2	X	X	X	X	X
National Drug Code (NDC)	Ø3	X	X	X	X	X
Universal Product Number (UPN)	Ø4	X	X	X	X	X
Department of Defense (DOD)	Ø5	X	X	X	X	X
Drug Use Review/ Professional Pharmacy Service (DUR/PPS)	Ø6	X			X	
Common Procedure Terminology (CPT4)	Ø7	X		X	X	
Common Procedure Terminology (CPT5)	Ø8	X		X	X	
Health Care Financing Administration Common Procedural Coding System (HCPCS)	Ø9	X		X	X	
Pharmacy Practice Activity Classification (PPAC)	1Ø	X			X	
National Pharmaceutical Product Interface Code(NAPPI)	11	X	X	X	X	X
International Article Numbering System(EAN)	12	X	X	X	X	X
Drug Identification Number(DIN)	13	X	X	X	X	X
Medi-Span GPI	14			X		X
First DataBank GCN	15			X		X
Medical Economics GPO	16			X		X
Medi-Span DDID	17			X		X
First DataBank SmartKey	18			X		X
Medical Economics GM	19			X		X
International Classification of Diseases(ICD9)	2Ø			X		
International Classification of Diseases (ICD10)	21			X		
Medi-Span Diagnosis Code	22			X		

	VALUE	PRODUCT/SERVICE ID QUALIFIER (436-E1)	COMPOUND PRODUCT ID QUALIFIER (488-RE)	DUR CO-AGENT ID QUALIFIER (475-J9)	ORIGINALLY PRESCRIBED PRODUCT/SERVICE ID QUALIFIER (453-EJ)	PREFERRED PRODUCT ID QUALIFIER (552-AP)
National Criteria Care Institute(NCCI)	23			X		
The Systematized Nomenclature of Human and Veterinary Medicine (SNOMED)	24			X		
Common Dental Terminology (CDT)	25			X		
American Psychiatric Association Diagnostic Statistical Manual of Mental Disorders (DSM IV)	26			X		
Other	99	X	X	X	X	X

XIV. Appendix L - UNITED STATES AND CANADIAN PROVINCE POSTAL SERVICE ABBREVIATIONS

UNITED STATES

State Code	State/Territory	NCPDP State Code
AL	Alabama	01
AK	Alaska	02
AZ	Arizona	03
AR	Arkansas	04
AS	American Samoa	
CA	California	05
CO	Colorado	06
CT	Connecticut	07
DE	Delaware	08
DC	District Of Columbia	09
FM	Federated States Of Micronesia	
FL	Florida	10
GA	Georgia	11
GU	Guam	54
HI	Hawaii	12
ID	Idaho	13
IL	Illinois	14
IN	Indiana	15
IA	Iowa	16
KS	Kansas	17
KY	Kentucky	18
LA	Louisiana	19
ME	Maine	20
MH	Marshall Islands	
MD	Maryland	21
MA	Massachusetts	22
MI	Michigan	23
MN	Minnesota	24
MS	Mississippi	25
MO	Missouri	26
MT	Montana	27
NE	Nebraska	28
NV	Nevada	29
NH	New Hampshire	30
NJ	New Jersey	31
NM	New Mexico	32
NY	New York	33
NC	North Carolina	34
ND	North Dakota	35
MP	Northern Mariana Islands	
OH	Ohio	36
OK	Oklahoma	37
OR	Oregon	38
PW	Palau	
PA	Pennsylvania	39
PR	Puerto Rico	40
RI	Rhode Island	41
SC	South Carolina	42
SD	South Dakota	43
TN	Tennessee	44
TX	Texas	45
UT	Utah	46
VT	Vermont	47
VA	Virginia	48
VI	Virgin Islands	53
WA	Washington	49
WV	West Virginia	50
WI	Wisconsin	51
WY	Wyoming	52

CANADA

State Code	Province
AB	Alberta
BC	British Columbia
MB	Manitoba
NB	New Brunswick
NF	Newfoundland
NS	Nova Scotia
ON	Ontario
PE	Prince Edward Island
PQ	Quebec
SK	Saskatchewan

XV. Appendix M – VERSION MODIFICATIONS

A. TELECOMMUNICATION STANDARD VERSION 5 RELEASE 1 – SEPTEMBER 1999

The following code values were approved for inclusion in the Data Dictionary.

Field 439-E4 – Reason for Service Code
- CD=Chronic Disease Management
- LK=Lock In Recipient
- PH=Preventive Health Care
- RE=Suspected Environmental Risk
- SC=Suboptimal Compliance

Field 441-E6 – Result of Service Code
- 3K=Instructions Understood
- 3N=Medication Administered

Exhibit F

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

NEW ENGLAND CARPENTERS HEALTH BENEFITS FUND; PIRELLI ARMSTRONG RETIREE MEDICAL BENEFITS TRUST; TEAMSTERS HEALTH & WELFARE FUND OF PHILADELPHIA AND VICINITY; and PHILADELPHIA FEDERATION OF TEACHERS HEALTH AND WELFARE FUND, Plaintiffs, v. FIRST DATABANK, INC., a Missouri Corporation; and McKESSON CORPORATION, a Delaware Corporation, Defendants.	Case No. 05-cv -11148 Judge Patti B. Saris

DECLARATION OF STEVE MEYER

I, Steve Meyer, hereby declare that:

1. I am general counsel for Hy-Vee, Inc. ("Hy-Vee") and have been working with Plaintiffs and McKesson to respond to subpoenas served by both of them on Hy-Vee in the above-referenced matter.

2. While negotiating the scope of Hy-Vee's production pursuant to the parties' subpoenas, McKesson informed me that McKesson did not need Hy-Vee to produce the U & C transactional data because that data was available from McKesson's subsidiary, Relay Health.

3. In order to allow the production of Relay Health data so that Hy-Vee does not have to go through the undue burden of producing data that Relay Health already has, I obtained consent from Hy-Vee to produce certain fields of its Relay Health transactional data to McKesson and to Plaintiffs. Specifically Hy-Vee gave Relay Health consent to produce 1) the U & C price, 2) the date of service, NDC, and quantity dispersed for the associated prescription, and 3) the NABP number and zip code of the dispensing pharmacy. The only limitations placed on that consent were that (a) Relay Health not produce patient-identifying information and that (b) the data be produced as highly confidential under the protective order, c) that it applied to the list of drugs attached to the subpoena, and d) that it covered the period from April 2001 to the present.

4. I have not otherwise intended to authorize Relay Health to produce Hy-Vee's transactional data.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: April 29, 2008

Steve Meyer

Exhibit G

BARBARA A. MAHONEY
BARBARAM@HBSSLAW.COM

HAGENS BERMAN
SOBOL SHAPIRO LLP

April 2, 2008

Paul Flum
Morrison Foerster LLP
425 Market Street
San Francisco, CA 94105-2482

Re: RelayHealth

Dear Paul:

We have reviewed the NCPDP Data Dictionary you provided us with our experts and are not confident that the generic NCPDP field definitions give us sufficient information to accurately select RelayHealth fields for our analysis. We propose instead that we be allowed to preview all of the subject fields (subject to elimination of patients' individually identifiable medical information) for a single NDC, i.e. 00071015523 (Lipitor 10 mg), for the 2001-2005 period. Once we have had an opportunity to analyze this limited sample, we would then be in a position to identify each of the fields necessary to conduct our analysis of the correlation between the subject drugs and AWP.

Please let us know your estimate of cost and when we can expect the data.

Sincerely,

HAGENS BERMAN SOBOL SHAPIRO LLP

[sent via electronic mail]

Barbara A. Mahoney
Attorney

BAM:BM

Exhibit H

From: Flum, Paul
Sent: Tuesday, April 08, 2008 5:25 PM
To: Barbara Mahoney
Subject: RelayHealth U&C Data

Attachments: RelayHealth data sample - 1.XLS


RelayHealth data sample - 1.XL...

Barbara,

This is in response to your April 2 letter regarding RelayHealth data. Your letter asks that we produce a full data set that includes all fields for Lipitor 10 mg tabs for a five year period so that plaintiffs can "identify each of the fields necessary to conduct our analysis of the correlation between the subject drugs and AWP." That is not what we agreed to do.

The Court's January 2, 2008 scheduling order specifically limits discovery "to new issues raised by the Usual & Customary Class in the Third Amended Complaint." The "correlation between subject drugs and AWP" noted in your letter is not a new issue and goes well beyond the mutually agreed upon set of U&C pricing data that we agreed to produce (subject to certain conditions).

I wrote you on March 13 and identified the RelayHealth fields that will permit plaintiffs to analyze reported U&C prices on a transactional level. Your April 2 letter does not explain why those fields are inadequate or identify any additional RelayHealth data fields that plaintiffs need to analyze "new" issues raised by the U&C class.

We continue to believe that we've identified the U&C data that responds to plaintiffs' document request. I'm attaching a sample of that data. This data is being produced pursuant to the Court's protective order and is designated as "Highly Confidential Attorneys' Eyes Only."

This sample should permit your expert to confirm that these fields are sufficient to conduct a transactional analysis of reported U&C prices. Once you've done that, we can work through the remaining points noted in my March 13 email.

Paul

Exhibit I

BARBARA A. MAHONEY
BARBARAM@HBSSLAW.COM

HAGENS BERMAN
SOBOL SHAPIRO LLP

April 10, 2008

Paul Flum
Morrison Foerster LLP
425 Market Street
San Francisco, CA 94105-2482

Re: RelayHealth data

Dear Paul:

We are frankly astonished that you would consider "the correlation between the subject drugs and AWP" to be outside of the scope of discovery authorized by the Court "as to new issues raised by the Usual and Customary Class in the Third Amended Complaint." In your own brief opposing our motion to amend the complaint, you acknowledge that "[t]he lynchpin of plaintiffs' proposed new U&C claim[s] is the allegation that prices charged by retailers to cash-paying customers are tied to the reported AWPs . . . .'" We are entitled to all discovery that pertains to the correlation between AWP and U&C prices, including, any correlation between U&C prices and AWP-based third party reimbursement prices, as we argued in our opposition to your motion to dismiss the U&C claims, which the Court recently denied. Your sample does not provide any fields from which we can determine third party reimbursement amounts.

Even aside from its failure to provide third party reimbursement amounts, your data sample is inadequate in the following respects:

1. Some records have a QUANTITY_DISPENSED value of 0 (*see, e.g.*, the 53rd row of data). The data sample does not provide any fields that would illuminate why this field is zero. A per-unit U&C cannot be determined for these records, and therefore these records cannot be compared to AWP.

2. Similarly, some records have a QUANTITY_DISPENSED value that is blank (*see, e.g.*, the 128th row of data). The data sample does not provide any fields that would illuminate why this field is blank. A per-

unit U&C cannot be determined for these records, and therefore these records cannot be compared to AWP.

3. For a given pharmacy ID for a given month, the per-unit U&C price appears to vary by quantity size. This suggests there are other numeric fields that are involved in the calculation of U&C, such as dispensing fees, administrative fees or other adjustments. The sample does not provide any fields to determine whether there are any such adjustments for any given transaction.

4. The data sample does not provide any fields that explain the basis, methodology or inputs that were used to calculate the U&C amount.

5. The data sample does not provide any fields that might identify whether the U&C amount includes a discount, such as from a senior discount card.

6. The data sample does not provide any fields that could be used to determine whether any other payer paid for a portion of the transaction.

Our request for a limited sample of data that includes all the available fields (subject to elimination of patients' individually identifiable medical information) is reasonable. As stated in our April 2 letter, without being able to examine the database fields our expert is unable to determine which fields are appropriate for our analysis. We ask that you reconsider your position or we will take it up with the Court.

Sincerely,

HAGENS BERMAN SOBOL SHAPIRO LLP

[sent via electronic mail]

Barbara A. Mahoney
Attorney

BAM:BM

Exhibit J

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TOKYO, LONDON, BEIJING,
SHANGHAI, HONG KONG,
SINGAPORE, BRUSSELS

April 15, 2008

Writer's Direct Contact
415.268.7335
PaulFlum@mofo.com

By Email

Barbara Mahoney
Hagens Berman Sobol Shapiro LLP
1301 Fifth Avenue, Suite 2900
Seattle, WA 98101

Re: *New England Carpenters v. First DataBank*

Dear Barbara:

Your April 10 letter fundamentally misapprehends what RelayHealth does and what data it has.

RelayHealth is a data "switch," pure and simple. As a switch, RelayHealth receives electronic claims data for insured claims from pharmacies that subscribe to its service and routes that data electronically, transaction by transaction, to the PBM or other payor that covers each particular claim. RelayHealth forwards the information that the pharmacy reports exactly as submitted.

The typical insured claim submission includes a U&C price as reported by the pharmacy (so that the PBM or other payor can administer the U&C price cap in its network contract with the pharmacy). That U&C data is included in the sample we provided last week. RelayHealth does not survey pharmacies' cash prices, does not verify the U&C prices submitted with insured claims, and does not calculate the U&C prices transmitted through the switch. RelayHealth simply records and transmits what the pharmacy reports.

The specific data issues raised in your letter either represent inherent limitations in the data itself or relate to insured claim reimbursements that have nothing to do with the U&C prices that pharmacies report to RelayHealth.

For instance, with respect to points 1 and 2 in your letter, if the field for the quantity dispensed is 0 or blank, it's because that's what the pharmacy submitted to RelayHealth. Additional data fields will not "illuminate why this field is zero," as your letter erroneously speculates. In any event, only a small percentage of the transactions in the sample (under 4%) show a 0 or blank quantity. You have everything you need to calculate per unit U&C prices for the other 96%.

Likewise, if the U&C price per unit in the sample varies by quantity size (your points 3 and 4), it's because that's what the pharmacy reported to RelayHealth. There are no calculations

of U&C prices by RelayHealth based on dispensing fees, administrative fees, or other adjustments, as your letter incorrectly states.

Finally, RelayHealth does not have any data about cash discount programs or potential third party sources of reimbursement for cash transactions at U&C prices (your points 5 and 6).

As I've told you several times, we believe that the fields that we've identified and included in the sample we provided last week are sufficient for you and your expert to calculate U&C prices, as reported to RelayHealth, at the transaction level. I've also given you a list of the NCPDP data fields, along with detailed definitions, that pharmacies use to submit insured claims through the RelayHealth switch. You have not identified any other NCPDP fields that you need to analyze the U&C prices reported to RelayHealth.

When plaintiffs moved last October for leave to amend to add the U&C class, they represented to the Court that "[o]nly limited discovery will be required and such discovery can be completed rapidly." (Memo i/s/o Motion to File 3d AC at 4.) Six months later, it appears that your insistence on obtaining access to the entire RelayHealth database is either a delaying tactic or an expensive and time-consuming fishing expedition that is expressly prohibited by the Court's January scheduling order. Either way, we stand on our objections.

We remain willing to produce the specific U&C-related fields identified in my March 13 email (and included in the sample I sent you last week), subject to the conditions we discussed during our initial meet and confer call. Once you let me know whether that's acceptable, we can work out the remaining details necessary to begin extracting the data.

Sincerely,

Paul Flum

Exhibit K

From: Flum, Paul
Sent: Wednesday, May 07, 2008 5:18 PM
To: Barbara Mahoney
Cc: Steve Berman; Carrie Flexer
Subject: RE: New England Carpenters v. First DataBank

Barbara,

Encryption is a widely used and non-burdensome way to protect confidential data against the risk of loss or theft while in transit. RelayHealth's and Morrison & Foerster's standard practice is to encrypt confidential data such as the claims data we are producing, before it is transmitted on physical media.

PGP is a commercially available encryption product used for these purposes. Since it appears that you don't already have a copy, here's a link to the PGP online store. http://na.store.pgp.com/desktop_home.html PGP sells the basic version of the software, called Desktop Home, for under $100. There are also resellers in the Puget Sound area listed on the PGP website if you'd rather go that route.

Once you have the software, you'll be able to generate and email to me the public key that we will use to encrypt the RelayHealth data before transmission. You'll use your private key (also generated with the PGP Desktop Home software) to unencrypt the RelayHealth data when you receive the hard drive.

Paul

From: Barbara Mahoney [mailto:barbaram@hbsslaw.com]
Sent: May 07, 2008 4:18 PM
To: Flum, Paul
Cc: Steve Berman; Carrie Flexer
Subject: RE: New England Carpenters v. First DataBank

Paul,
We don't currently have an encryption key, and we would appreciate further clarification as to why one is necessary, given that the data are not being transmitted over the internet. Also please bear in mind that Plaintiffs' acceptance of these data does not constitute a waiver of our right to seek additional data as detailed in our previous correspondence and our pending motion to compel.

Barbara

From: Flum, Paul [mailto:PaulFlum@mofo.com]
Sent: Tuesday, May 06, 2008 5:08 PM
To: Barbara Mahoney
Subject: New England Carpenters v. First DataBank

Barbara,

In my March 13 email, I offered to produce specific fields of U&C pricing data from the RelayHealth database that we believe are the proper subject of discovery in this case. I repeated that offer in an April 8 email and ar April 15 letter.

Shortly after my March 13 offer, we began contacting large retail chains that subscribe to the RelayHealth switch service to solicit their consent to produce the data fields that we identified. This has been a time

consuming exercise that has involved a fair amount of back and forth and, in one case, a contractual amendment. As of today, 21 large retailers have consented to production of the data fields specified in my March 13 email on behalf of themselves and their affiliates.

This data is now available for production to plaintiffs. The data will be produced on a hard drive (which we request that you return), since it is too voluminous to fit on optical media.

In addition, because of its sensitive nature, the data will be encrypted using PGP encryption software. Please send me your PGP public encryption key so that we can create the encrypted file. The hard drive should be ready to deliver within 24 hours after we receive the public key.

Paul

==========

Exhibit L

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WALNUT CREEK, CENTURY CITY
TOKYO, LONDON, BEIJING,
SHANGHAI, HONG KONG,
SINGAPORE, BRUSSELS

May 9, 2008

Writer's Direct Contact
415.268.7335
PaulFlum@mofo.com

By UPS Overnight Delivery — Saturday Delivery

Barbara Mahoney
Hagens Berman Sobol Shapiro LLP
1301 Fifth Avenue, Suite 2900
Seattle, WA 98101

Re: *New England Carpenters v. First DataBank*

Dear Barbara:

I've enclosed a hard drive containing the RelayHealth U&C data that we agreed to produce pursuant to plaintiffs' U&C document request. As I advised you earlier this week, this production consists of the data fields specified in my March 13 email as reported to RelayHealth by 21 large retailers that have consented to production of this data on behalf of themselves and their affiliates.

We are designating this data as Highly Confidential under the protective order. Given the sensitive nature of the data, we request that any copies that you forward to your co-counsel or experts be encrypted before transmission.

Please return the hard drive to me after you have made a copy.

Sincerely,

Paul Flum

Paul Flum

Enclosure

Exhibit M

MORRISON | FOERSTER

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May 12, 2008

Writer's Direct Contact
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By UPS Overnight Delivery

Barbara Mahoney
Hagens Berman Sobol Shapiro LLP
1301 Fifth Avenue, Suite 2900
Seattle, WA 98101

Re: *New England Carpenters v. First DataBank*

Dear Barbara:

I've enclosed a CD containing a sample of Lipitor 10 mg transactions from the RelayHealth database for the month of April 2008. Due to confidentiality requirements, patient, payer, and provider identifying data were blanked out prior to production, but the fields containing that data are included. While we continue to believe that the Data Dictionary that we produced on March 13, 2008 is the best source for the field definitions for the data reported to and recorded by RelayHealth, this sample will allow you and your expert to see how the raw data is laid out in the computer system.

As with the production of U&C pricing data that we made last week, we are designating this data as Highly Confidential under the protective order. Given the sensitive nature of the data, we request that any copies that you forward to your co-counsel or experts be encrypted before transmission.

Sincerely,

Paul Flum

Enclosure

Exhibit N

From: Flum, Paul
Sent: Wednesday, April 30, 2008 6:50 PM
To: Barbara Mahoney
Subject: New England Carpenters v. First DataBank

Barbara,

Your declaration says that plaintiffs have "dealt with" unidentified pharmacies who "have all stated that their data is available through RelayHealth and except in rare instances have declined to produce the data because it is available directly from McKesson."

Have any of the pharmacies that you refer to consented to production their claims data? If so, please provide the name of the pharmacy and the contact information for the person that plaintiffs have been dealing with, so that we can confirm which pharmacies have authorized RelayHealth to produce the data sought by plaintiffs' motion.

Paul

Exhibit O

BARBARA A. MAHONEY
BARBARAM@HBSSLAW.COM

HAGENS BERMAN
SOBOL SHAPIRO LLP

May 5, 2008

Paul Flum
Morrison Foerster LLP
425 Market Street
San Francisco, CA 94105-2482

Re: Your e-mail, dated April 30, 2008

Dear Paul:

This letter responds to your April 30 e-mail requesting that we provide you the names of any pharmacies that have "consented" to production of their claims data. Plaintiffs have not sought the pharmacies' consent to McKesson's production. If consent (as opposed to notification) is even necessary, it is McKesson's obligation to obtain it.

Sincerely,

HAGENS BERMAN SOBOL SHAPIRO LLP

[sent via electronic mail]

Barbara A. Mahoney
Attorney

BAM:BM

Exhibit P

COSTCO WHOLESALE

May 8, 2008

BY PDF AND U.S. MAIL

Mr. Mark Poe
Morrison & Foerster LLP
425 Market Street
San Francisco, CA 94105-2482

Re: Relay Health/New England Carpenters Matter

Dear Mark:

We request that RelayHealth (as successor to National Data Corporation ("NDC")), adhere to section 7(b) of the NDC Service Agreement between Costco and NDC:

"NDC and Subscriber acknowledge that all proprietary information disclosed by either party to the other party for the purpose of work, or which comes to the attention of one of the parties, its employees, officers, and agents during the course of such work, constitutes a valuable asset. Therefore, NDC and Subscriber agree to hold such information in confidence and shall not, except in the performance of the duties under this Agreement or with the express prior written consent of the other party, disclose or permit access to any such information to any person, firm or corporation other than persons, firms or corporations authorized by that party, and NDC and Subscriber shall cause their officers, employees, agents, and representatives to take such action as shall be necessary or advisable to preserve and protect the confidentiality of such information."

Please contact me if you have any questions.

Very truly yours,

COSTCO WHOLESALE

John Sullivan
Associate General Counsel

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"PALADIN"
INTERNET dm@wirepaladin.com

May 12, 2008

VIA EMAIL AND U.S. MAIL

Mark Poe, Esq.
MORRISON AND FOERSTER
425 Market Street
San Francisco, CA 94105-2482

Re: *NEW ENGLAND CARPENTER HEALTH BENEFITS FUND, et al. v. FIRST DATABANK, INC. AND McKESSON CORP.*
Case No.: 05-CV-11148-PBS

Dear Mr. Poe:

We have reviewed Plaintiffs' Motion to Compel Production of McKesson's RelayHealth Data and have serious concerns. Plaintiffs seek information that, if released, will seriously undermine Safeway's pharmacy business.

Plaintiffs' overly broad motion seeks to obtain third parties' AWP-based reimbursement formulas. These formulas relate to private, confidential, negotiated rates between Safeway and various PBMs/payers: rates that are, in virtually all cases, subject to contractual disclosure restrictions. This would also be inclusive of MAC lists. PBMs/payers consider all of this information competitively sensitive, and therefore highly confidential.

Because the AWP-based reimbursement rates and formulas are privately negotiated between Safeway and PBMs/payers, releasing this information will invariably provide Plaintiffs, PBMs/payers, and other pharmacies a competitive advantage in the marketplace and a snapshot of Safeway's industry strategy.

Safeway's prior consent for McKesson to release certain transactional data from April 2001 to the present remains limited to: (i) the U&C price (as reported to RelayHealth); (ii) the date of service, NDC, and quantity dispensed for the associated prescription; and (iii) the NABP number and zip code of the dispensing pharmacy. Safeway's prior consent is subject to McKesson's guarantee that the data must be produced pursuant to the protective order and designated Highly Confidential/Attorneys

Eyes Only with the explicit directive that no HIPAA protected health information will be included in any production. Safeway vigorously opposes any release of AWP-based reimbursement formulas and urges McKesson to do the same for the foregoing reasons.

Very truly yours,

Kumani L. Armstrong

KLA/slm

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May 13, 2008

VIA ELECTRONIC MAIL AND FACSIMILE (415) 268-7522

Mark Poe, Esq.
Morrison & Foerster LLP
425 Market Street
San Francisco, CA 94105

Re: *New England Carpenters Health Benefits Fund, et al. vs. First DataBank, et al.*, No 05 cv. 11148 (D. Mass.).

As you know, we represent Wal-Mart Stores, Inc. ("Wal-Mart") in connection with certain subpoenas dated January 31, 2008, February 6, 2008, and February 28, 2008 ("Subpoenas") issued by the parties in the above-referenced litigation. Pursuant to Federal Rule of Civil Procedure 45(c)(2)(B) Wal-Mart has served separate written objections on counsel for the parties concerning the information and data requested in the Subpoenas. Included within Wal-Mart's objections were specific objections to the parties' request for certain transactional data, specifically Request No. 8 in the February 6 and 28 subpoenas and Request No. 3 in the January 31 subpoena (hereinafter "U&C Data") and Request No. 4 in the January 31 subpoena ("Third-party Data"). Wal-Mart objected to these requests because, among other things, they seek disclosure of proprietary or confidential business information and/or trade secrets.

Wal-Mart has recently been made aware that Plaintiffs have moved to compel, from RelayHealth, Third-Party Data owned by Wal-Mart and held by RelayHealth. Plaintiffs apparently now seek to acquire Wal-Mart's proprietary data through RelayHealth, and seek to thereby avoid addressing Wal-Mart's legitimate and well-founded objections to the Plaintiffs' subpoenas, which were issued by the United States District Court for the Western District of Arkansas (attached is Wal-Mart's written objections to Plaintiffs' Subpoenas).

Please be advised that Wal-Mart expects RelayHealth to comply fully and completely with its obligations to keep Wal-Mart's data confidential as provided for in the agreement between Wal-Mart and RelayHealth dated October 12, 1993 (as amended) ("Agreement"). Moreover, please be further advised that Wal-Mart maintains agreements with numerous third-party payors, and these agreements require that Wal-Mart maintain the agreements themselves, as well as their Third-Party Data, strictly confidential.

As you know, under the Agreement, Wal-Mart has a longstanding contractual relationship with RelayHealth pursuant to which RelayHealth acts as a "switch" and thus has limited access to certain of Wal-Mart's confidential pricing data for the sole purpose of processing Wal-Mart's claims. Under the Agreement, RelayHealth received access to Wal-Mart's proprietary and confidential data on the condition that RelayHealth protect the confidentiality of such data and limit its use of the data solely to the uses specifically authorized by Wal-Mart. In particular, the Agreement provides that "All information and data provided by WAL-MART to [RelayHealth] hereunder is considered private and confidential and is the property of WAL-MART. Such information/data is to be used only in the process of switching claims to designated third-party carriers for processing or for third party processing at [RelayHealth]. **No rights are given to [RelayHealth] under this Agreement to use this information/data in any way, individually, collectively, nor in statistical summaries, nor to divulge or make public such information/data in any way without the express written consent of WAL-MART**." (emphasis added).

On May 7, 2008, in response to the Subpoenas, Wal-Mart and RelayHealth agreed to amend the Agreement to permit McKesson to produce—pursuant to the Protective Order in the litigation—certain U&C data. As made clear in my e-mail to you dated May 9, 2008, and in the Amendment itself, Wal-Mart authorized production *only* of certain U&C Data and *only* under the circumstances set forth in the Amendment. Wal-Mart did not and does not authorize production of Third Party Data (or any other data) beyond that agreed to in the Amendment.

Disclosure of Wal-Mart's confidential data would constitute a breach of the Agreement, and an unauthorized use of Wal-Mart's proprietary data. Such disclosure would cause significant harm to Wal-Mart in the marketplace, among its competitors, and in other ways.

Please be advised that Wal-Mart demands that RelayHealth/McKesson comply with their obligations as set forth in the Agreement.

Sincerely,

Thomas J. Kenny /CLD

Thomas J. Kenny

Enclosure

lml

cc: Paul Gwilt, Esq.

Michael R. Bond #2003114
Kutak Rock LLP
The Three Sisters Building
214 West Dickson Street
Fayetteville, AR 72701-5221
Telephone: (479) 973-4200
Facsimile: (479) 973-0007

Attorney for Wal-Mart Stores, Inc.

UNITED STATES DISTRICT COURT

WESTERN DISTRICT OF ARKANSAS

NEW ENGLAND CARPENTERS HEALTH BENEFITS FUND, et al,

Plaintiff,

v.

FIRST DATABANK, et al,

Defendant.

Case No. 05-cv-11148

NON-PARTY WAL-MART STORES, INC.'S RESPONSES AND OBJECTIONS TO PLAINTIFF'S SUBPOENA

In response to New England Carpenters Health Benefits Fund, et al's ("Plaintiffs") subpoena (the "Subpoena") to Wal-Mart Stores, Inc. ("WAL-MART"), and pursuant to Federal Rule of Civil Procedure 45(c)(2)(B), WAL-MART, a non-party to the underlying litigation, makes the following responses and objections:

GENERAL OBJECTIONS

1. WAL-MART objects to the Subpoena as overbroad, unduly burdensome and oppressive in time and scope, particularly in light of Defendant McKesson Corporation's ("McKesson") pending Motion for Protective Order regarding Subpoenas to Non-Party Retail Pharmacies dated February 19, 2008 ("McKesson Motion"). As a non-party, WALMART also should be spared from the burdens of discovery which could prove moot depending on the outcome of the pending motion for protective order.

2. WAL-MART objects to the Subpoena to the extent it purports to impose any requirement or discovery obligation on WAL-MART other than those existing under applicable law.

3. WAL-MART objects to the Subpoena to the extent it seeks documents that are protected by the attorney-client privilege, the work product privilege and/or any other applicable privilege.

4. WAL-MART objects to the Subpoena to the extent it seeks the disclosure of proprietary or confidential business or financial information and/or trade secrets, or personal health information of Wal-Mart customers.

5. WAL-MART objects to the Subpoena to the extent it seeks information that is not relevant to the litigation and/or not reasonably calculated to lead to the discovery of admissible evidence.

6. WAL-MART objects to the Subpoena as unduly burdensome and oppressive to the extent it purports to require WAL-MART a non-party, to produce records for a period of nine years, with respect to hundreds of specific products as set forth in the 17-page Exhibit to the Subpoenas, and search facilities not reasonably likely to contain responsive documents and/or to inquire of WAL-MART's employees who would not reasonably be expected to possess responsive information.

7. WAL-MART objects to the Subpoena to the extent it purports to require WAL-MART to produce documents in violation of any legal or contractual obligation of nondisclosure to a third party.

8. WAL-MART objects to the Subpoena to the extent it is unclear, vague, ambiguous, overly broad or unintelligible.

9. WAL-MART expressly reserves all of its rights, objections and remedies in connection with the Subpoena, including specifically its right to move or otherwise further respond and object to the Subpoena.

10. WAL-MART objects to the Subpoena in that it fails to allow a reasonable time for compliance.

11. WAL-MART objects to the Subpoena in that compliance would subject WAL-MART, a non-party, to significant expense.

12. WAL-MART objects to the Subpoena to the extent the documents do not exist in the form requested, and to the extent the form requested in the Subpoena would subject WAL-MART to undue burden or exposure.

SPECIFIC RESPONSES AND OBJECTIONS TO DOCUMENT REQUESTS

REQUEST NO. 1. All documents and electronically stored information concerning Your store policies and/or formulas to generate or determine Your U&C prices for brand drugs.

RESPONSE TO REQUEST NO. 1. WAL-MART objects to this Request as vague, ambiguous and unintelligible. WAL-MART also objects to this Request as overbroad, unduly burdensome and oppressive in time and scope. Specifically, the Request seeks documents beginning in January 1, 1998, more than three and one-half years before the class period began in August 1, 2001. WAL-MART also objects to Plaintiffs' use of the term "policies and/or formulas" because it is vague and ambiguous in this context.

WAL-MART further objects to this Request to the extent it seeks information or documents protected by the attorney-client privilege and the attorney work product doctrine. Moreover, WAL-MART objects to the Subpoena to the extent it seeks the disclosure of proprietary or confidential business information and/or trade secrets. WAL-MART also objects to the Subpoena to the extent it seeks information that is not relevant to the litigation and/or not reasonably calculated to lead to the discovery of admissible evidence.

Subject to and without waiving the foregoing and the General Objections set forth above—and subject to an appropriate protective order or confidentiality agreement limiting the use and disclosure of WAL-MART's proprietary or confidential business information or trade secrets—WAL-MART agrees to meet and confer with Plaintiffs in an attempt to narrow these Requests and to discuss the potential production of a non-burdensome set of non-privileged, responsive documents in its possession to the extent such documents exist.

REQUEST NO. 2. All documents and electronically stored information concerning the relationship between Your U&C prices and the AWP; wholesaler list prices and/or third party

reimbursement amounts for drugs.

RESPONSE TO REQUEST NO. 2. WAL-MART objects to this Request as vague, ambiguous and unintelligible. WAL-MART also objects to this Request as overbroad, unduly burdensome and oppressive in time and scope. Specifically, the Request seeks documents beginning in January 1, 1998, more than three and one-half years before the class period began in August 1, 2001. WAL-MART also objects to Plaintiffs' use of the term "relationship" because it is vague and ambiguous in this context.

WAL-MART further objects to this Request to the extent it seeks information or documents protected by the attorney-client privilege and the attorney work product doctrine. Moreover, WAL-MART objects to the Subpoena to the extent it seeks the disclosure of proprietary or confidential business information and/or trade secrets. WAL-MART also objects to the Subpoena to the extent it seeks information that is not relevant to the litigation and/or not reasonably calculated to lead to the discovery of admissible evidence.

Subject to and without waiving the foregoing and the General Objections set forth above—and subject to an appropriate protective order or confidentiality agreement limiting the use and disclosure of WAL-MART's proprietary or confidential business information or trade secrets—WAL-MART agrees to continue to meet and confer with Plaintiffs in an attempt to narrow these Requests and to discuss the potential production of a non-burdensome set of non-privileged, responsive documents in its possession to the extent such documents exist.

REQUEST NO. 3. All documents and electronically stored information concerning your U&C prices for the brand drugs attached in Appendix A, and the corresponding AWP for the time period.

a. data should be provided in electronic format

b. data should include the following information

i. date of sale;

ii. drug name;

iii. drug NDC;

iv. number of pills dispensed;

v. pharmacy name and location;

vi. unique pharmacy number (National Council of Prescription Drug Programs (NDPCP) or National Association of Boards of Pharmacy (NABP));

vii. U&C amount charged;

viii. AWP in place for that NDC on that date;

ix. any other reference data used in determining U&C on that date; and

x. any discounts that may have affected the U&C price charged to a given individual (e.g., pharmacy discount cards; sales; etc).

RESPONSE TO REQUEST NO. 3. WAL-MART objects to this Request as vague, ambiguous and unintelligible. WAL-MART also objects to this Request as overbroad, unduly burdensome and oppressive in time and scope. Specifically, the Request seeks documents beginning in January 1, 1998, more than three and one-half years before the class period began in August 1, 2001. WAL-MART also objects to this Request to the extent the Request attempts to impose a method of production contrary to that required by Rule 45(d)(1) of the Federal Rules of Civil Procedure.

WAL-MART further objects to this Request to the extent it seeks information or documents protected by the attorney-client privilege and the attorney work product doctrine. Moreover, WAL-MART objects to the Subpoena to the extent it seeks the disclosure of proprietary or confidential business information and/or trade secrets. WAL-MART also objects to the Subpoena to the extent it seeks information that is not relevant to the litigation and/or not reasonably calculated to lead to the discovery of admissible evidence.

Subject to and without waiving the foregoing and the General Objections set forth above—and subject to an appropriate protective order or confidentiality agreement limiting the use and disclosure of WAL-MART's proprietary or confidential business information or trade secrets—WAL-MART agrees to continue to meet and confer with Plaintiffs in an attempt to narrow these Requests and to discuss the potential production of a non-burdensome set of non-privileged, responsive documents in its possession to the extent such documents exist.

REQUEST NO. 4. All documents or electronically stored information concerning

payments by Institutional Payors for prescriptions for the brand drugs attached in Appendix A sold to individuals with private insurance coverage:

a. data should be provided in electronic format

b. data should include the following information

i. date of sale

ii. drug name;

iii. drug NDC;

iv. number of pills dispensed;

v. pharmacy name and location;

vi. unique pharmacy number (National Council of Prescription Drug Programs (NDPCP) or National Association of Board of Pharmacy (NABP));

vii. total amount requested and total amount received;

viii. ingredient costs;

ix. dispensing fee received;

x. coinsurance amount received;

xi. any other amount received or paid (as applicable, for example tax);

xii. AWP in place for that NDC on that date; and

xiii. name of Institutional Payor.

RESPONSE TO REQUEST NO. 4. WAL-MART objects to this Request as vague, ambiguous and unintelligible. WAL-MART also objects to this Request as overbroad, unduly burdensome and oppressive in time and scope. Specifically, the Request seeks documents beginning in January 1, 1998 through the time of production, more than three and one-half years before the class period began in August 1, 2001 and almost three years after the class period for Institutional Payors closed in March 15, 2005. WAL-MART also objects to this Request to the extent the Request attempts to impose a method of production contrary to that required by Rule 45(d)(1) of the Federal Rules of Civil Procedure.

WAL-MART further objects to this Request to the extent it seeks information or documents protected by the attorney-client privilege and the attorney work product doctrine.

Moreover, WAL-MART objects to the Subpoena to the extent it seeks the disclosure of proprietary or confidential business information and/or trade secrets. WAL-MART also objects to the Subpoena to the extent it seeks information that is not relevant to the litigation and/or not reasonably calculated to lead to the discovery of admissible evidence.

WAL-MART further objects to this Request in light of McKesson's pending motion for protective order arguing that this Request concerns a phase of discovery which was closed on July 31, 2007.

Subject to and without waiving the foregoing and the General Objections set forth above—and subject to an appropriate protective order or confidentiality agreement limiting the use and disclosure of WAL-MART's proprietary or confidential business information or trade secrets—WAL-MART agrees to continue to meet and confer with Plaintiffs in an attempt to narrow these Requests and to discuss the potential production of a non-burdensome set of non-privileged, responsive documents in its possession to the extent such documents exist.

Dated: February 28th, 2008

WAL-MART STORES, INC

By: _____

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Facsimile: (402) 346-1148
Attorneys for Plaintiff

CERTIFICATE OF SERVICE

The undersigned, an attorney, hereby certifies that he/she/they caused a copy of the foregoing NON-PARTY WAL-MART STORES INC.'S RESPONSES AND OBJECTIONS TO NEW ENEGLAND CARPENTERS HEALTH BENEFITS FUND'S SUBPOENA to be served on the following counsel of record via U.S. Mail, postage prepaid, before the hour of 5:00 pm, on the 28th day of February, 2008:

Jennifer Fountain Connolly
Wexler Toriseva Wallace LLP
55 W. Monroe Street
Suite 3300
Chicago, IL 60603

_____
Michael R. Bond